MAXIMUS Federal Services

Case Number:	CM15-0041006		
Date Assigned:	03/11/2015	Date of Injury:	05/16/2010
Decision Date:	04/22/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/04/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [redacted] beneficiary who has filed a claim for chronic low back and shoulder pain reportedly associated with an industrial injury of May 6, 2010. In a utilization review report dated February 12, 2015, the claims administrator failed to approve a request for a shoulder subacromial corticosteroid injection. A January 28, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. In a progress note dated January 28, 2015, the applicant presented with neck, mid back, and bilateral shoulder pain. Electrodiagnostic testing, a shoulder subacromial injection, epidural steroid injection for the cervical spine, and medial branch blocks were proposed. The applicant's work status was not detailed. The shoulder pain complaints were described as an ancillary complaint, with primary complaints of neck, mid back, and low back pain reported, with radiation of pain into the upper and lower extremities. A subacromial corticosteroid injection was also endorsed on an earlier progress note dated August 21, 2014. On this date, as on the subsequent date, there is no record or log of what treatment or treatments had transpired. The applicant was placed off of work, on total temporary disability, via earlier progress notes of June 13, 2014 and September 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Left shoulder subacromial injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Steroid Injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213.

Decision rationale: 1. No, the request for a shoulder subacromial injection is not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 213 does recommend two or three shoulder subacromial injections over an extended period as part of a rehabilitation program to treat rotator cuff inflammation, impingement syndrome, or small tears, in this case, however, the applicant was off of work, on total temporary disability, as of the date of the request. It does not appear, thus, that the applicant is intent on employing the proposed cortisone injection as part of the program of rehabilitation/functional restoration. It is further noted that neither the applicant's treating provider nor the applicant's shoulder specialist had clearly stated whether or not the applicant had or had not had previous cortisone injection therapy. The MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 213 notes that prolonged or frequent usage of cortisone injections is deemed "not recommended." Here, again, it was not established whether the applicant had or had not had prior cortisone injections. Therefore, the request is not medically necessary.