

Case Number:	CM15-0042290		
Date Assigned:	04/10/2015	Date of Injury:	08/12/1992
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/05/2015

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: California

Certification(s)/Specialty: Emergency 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 injured worker is a 55-year-old, female who sustained a work related injury on 8/12/92. The diagnoses have included status post left shoulder surgery and left shoulder rotator cuff tear. Treatments have included medications, Lidoderm patches and activity modifications. In the PR-2 dated 1/14/15, the injured worker complains of worsening left shoulder pain and weakness. She is limited by pain on performing normal activities of daily living. The treatment plan is to continue medications. The requested treatments of a left shoulder steroid injection Norco and acupuncture treatments are not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder AC Joint Steroid Injection under Micromax Ultrasound: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204 and 213.

Decision rationale: The requested Left Shoulder AC Joint Steroid Injection under Micromax Ultrasound is medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 9, Shoulder Complaints, Steroid injections, Page 204 and 213, note "Conservative care, including cortisone injections, can be carried out for at least three to six months before considering shoulder (rotator cuff tear) surgery" and recommend this treatment for impingement syndrome if pain has not been adequately controlled by recommended conservative treatments (physical therapy and exercise, NSAIDs or acetaminophen) after at least 3 months. The injured worker has left shoulder pain and weakness. She is limited by pain on performing normal activities of daily living. The treating physician has documented internal derangement and impingement syndrome. The medical necessity for a trial of steroidal injection has been established. The criteria noted above having been met, Left Shoulder AC Joint Steroid Injection under Micromax Ultrasound is medically necessary.

Norco 5/325mg #45: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

Decision rationale: The requested Norco 5/325mg #45 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has left shoulder pain and weakness. She is limited by pain on performing normal activities of daily living. The treating physician has documented internal derangement and impingement syndrome. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 5/325mg #45 is not medically necessary.

Acupuncture 2x3=6: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The requested Acupuncture 2x3=6 is medically necessary. CA MTUS Acupuncture Guidelines recommend note that in general acupuncture "may be used as an adjunct to physical rehabilitation." The injured worker has left shoulder pain and weakness. She is limited by pain on performing normal activities of daily living. The treating physician has documented internal derangement and impingement syndrome. The treating physician has established the medical necessity for a current trial of acupuncture. The criteria noted above having been met, Acupuncture 2x3=6 is medically necessary.