MAXIMUS Federal Services

Case Number:	CM15-0044825		
Date Assigned:	03/17/2015	Date of Injury:	04/03/2012
Decision Date:	04/22/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/09/2015

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 43-year-old who has filed a claim for chronic shoulder, elbow, and upper arm pain reportedly associated with an industrial injury of April 3, 2012. In a Utilization Review Report dated February 23, 2015, the claims administrator failed to approve a request for shoulder corticosteroid injection under ultrasound guidance. The claims administrator referenced a progress note and an RFA form of January 15, 2015. The applicant's attorney subsequently appealed. In a handwritten note dated October 22, 2014, the applicant was placed of f of work, on total temporary disability, owing to ongoing complaints of low back and shoulder pain. Large portions of progress note were difficult to follow, and not entirely legible. The applicant was apparently using Norco, Flexeril, and Prilosec, it was acknowledged at that point in time. In a handwritten note dated December 5, 2014, the applicant was again placed off of work, on total temporary disability. A primary complaint of low back pain was noted with an ancillary complaint of shoulder pain also evident. Norco and Flexeril were renewed. The applicant was receiving Xanax elsewhere, it was acknowledged. A corticosteroid injection was apparently endorsed. Large portions of the progress note were very difficult and not altogether legible.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Subacromial Injection under Ultrasound Guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder.

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

Decision rationale: No, the proposed shoulder corticosteroid injection was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 213 does recommend two to three subacromial cortisone injections over an extended period as part of a rehabilitation program to treat rotator cuff inflammation and/or impingement syndrome, in this case, however, the applicant was off of work, on total temporary disability, as of the date of the request. It did not appear, thus, based on the submitted documentation that the applicant was intent on the employing the proposed corticosteroid injection as a means of advancing her overall activity level, and/or as a means of functional restoration. It is further noted that the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 213 recommends against usage of prolonged shoulder and corticosteroid injections. Here, the attending provider's documentation was difficult to follow, sparse, and not, at times, legible. It was not established how many prior shoulder corticosteroid injections the applicant had or had not had. Therefore, the request was not medically necessary.