

Case Number:	CM15-0085930		
Date Assigned:	05/08/2015	Date of Injury:	04/17/2013
Decision Date:	06/09/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/05/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 44 year old female who sustained an industrial injury on April 17, 2013. She has reported injury to the left shoulder and has been diagnosed with left shoulder tendinosis. Treatment has included medication, injection, and physical therapy. Currently the injured worker had tenderness to palpation of the lateral and anterior portion of the joint. Hawkins signs were positive. Range of motion was limited. MRI of the left shoulder dated May 14, 2013 showed no rotator cuff tear, but did show scarring in the rotator interval and thickening and edema in the left inferior glenohumeral joint capsule, which can be seen with adhesive capsulitis. The treatment request included a left shoulder joint steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder joint steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Steroid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Steroid injections.

Decision rationale: The claimant is more than two years status post work-related injury and continues to be treated for left shoulder pain. When seen, she was having persistent moderate to severe pain. A previous injection in June 2014 is referenced as having not been as effective. Physical examination findings included joint line tenderness with positive impingement testing and decreased range of motion. She was referred for another joint injection. In terms of a repeat shoulder injection, a second injection is not recommended if the first has resulted in complete resolution of symptoms, or if there has been no response. In this case, since the claimant underwent an injection without apparent benefit a second injection would not be medically necessary.