

Case Number:	CM15-0085950		
Date Assigned:	05/08/2015	Date of Injury:	03/12/2015
Decision Date:	06/10/2015	UR Denial Date:	04/28/2015
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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 54 year old female, who sustained an industrial injury on March 12, 2015, incurred right shoulder and wrist injuries after a slip and fall. She also complained of right hip and knee pain. Magnetic Resonance Imaging of the shoulder revealed a high grade partial tear, osteoarthritis, and labral tear and biceps tendinopathy. She was diagnosed with a torn rotator cuff, a fractures distal ulna, greater trochanteric bursitis, knee and hip contusions. Treatments included work restrictions, wrist bracing and cortisone injection to the shoulder, physical therapy, home exercise program, occupational therapy, anti-inflammatory drugs and muscle relaxants. The treatment plan that was requested for authorization included a retrospective right shoulder cortisone injection and aspiration of a major joint and prescriptions for Marcaine, Lidocaine and Celestone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective right shoulder cortisone injection, aspiration major joint: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: According to the guidelines, 2-3 sunacromial injections are recommended with anesthetic and cortisone as part of rehab for rotator cuff inflammation, impingement or small tears. It is not recommended for prolonged or frequent use. In this case, the claimant had shoulder bursitis and a rotator tear. Therapy was requested. The addition of a shoulder injection is appropriate and medically necessary.

Retrospective Marcaine/Lidocaine: 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): 213.

Decision rationale: According to the guidelines, 2-3 sunacromial injections are recommended with anesthetic and cortisone as part of rehab for rotator cuff inflammation, impingement or small tears. It is not recommended for prolonged or frequent use. In this case, the claimant had shoulder bursitis and a rotator tear. Therapy was requested. The addition of a shoulder injection is appropriate and medically necessary. Therefore, the use of the anesthetic Lidocaine is necessary.

Retrospective Celestone 2 cc: 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): 213.

Decision rationale: According to the guidelines, 2-3 sunacromial injections are recommended with anesthetic and cortisone as part of rehab for rotator cuff inflammation, impingement or small tears. It is not recommended for prolonged or frequent use. In this case, the claimant had shoulder bursitis and a rotator tear. Therapy was requested. The addition of a shoulder injection is appropriate and medically necessary. Therefore, the use of the Celestone (a steroid) is necessary.