

Case Number:	CM15-0098141		
Date Assigned:	05/29/2015	Date of Injury:	04/09/2014
Decision Date:	07/02/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/21/2015

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: 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:

This 44-year-old woman sustained an industrial injury on 4/9/2014 due to cumulative trauma. Evaluations include x-rays performed during this visit of the lumbar spine, bilateral knees, and right shoulder. Diagnoses include lumbosacral-extruded disc, bilateral knee sprain/strain with possible internal derangement, and right shoulder impingement syndrome. Treatment has included oral and topical medications, TENS unit, back brace, use of a cane, surgical intervention, and physical therapy. Physician notes dated 4/1/2015 show complaints of right shoulder, low back, and bilateral knee pain as well as anxiety, depression, and sleep disorder. Recommendations include a request for the operative summary, physical therapy, continue follow up with the spine surgeon, steroid injection to the right shoulder, and follow up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Corticosteroid Injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Shoulder Injection Page(s): 204.

Decision rationale: Regarding the request for Shoulder injection, Chronic Pain Medical Treatment Guidelines support the use of a subacromial injection if pain with elevation significantly limits activity following failure of conservative treatment for 2 or 3 weeks. They go on to recommend the total number of injections should be limited to 3 per episode, allowing for assessment of benefits between injections. Official Disability Guidelines recommend performing shoulder injections guided by anatomical landmarks alone. Guidelines go on support the use of corticosteroid injections for adhesive capsulitis, impingement syndrome, or rotator cuff problems, which are not controlled adequately by conservative treatment after at least 3 months, when pain interferes with functional activities. Within the documentation available for review, the patient has findings consistent with impingement syndrome of the right shoulder. However, it is unclear what conservative treatment has been tried and failed. Therefore, this request is not medically necessary.