

Case Number:	CM13-0048460		
Date Assigned:	06/09/2014	Date of Injury:	10/28/2010
Decision Date:	09/24/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	11/04/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 75-year-old male who has submitted a claim for rotator cuff syndrome of shoulder associated with an industrial injury date of October 28, 2010. Medical records from 2013 were reviewed. The patient complained of bilateral shoulder pain radiating to both arms, right more than left. Pain was rated 6/10 and associated with numbness and weakness in both arms. The current medications include Gabapentin, Naproxen, Prilosec, and Terocin patch. A physical examination of bilateral shoulders revealed limitation of motion on abduction; tenderness over the lateral/posterior aspect of the bilateral shoulders; moderate tenderness over the left and right AC joints and acromial border on the right; positive Hawkin's test; and positive Drop arm and Yergason's tests bilaterally. An MRI of the right shoulder done on June 4, 2013 revealed complete supraspinatus tendon tear with 1 cm retraction and diffuse tendinosis; subscapularis tendon is almost completely torn; some bursal fibers associated with biceps tendon sling intact; slight medial subluxation of long bicep tendon; large longitudinal tear of the long biceps tendon and moderate degeneration of the tendon labral anchor complex; and acromial regular joint arthrosis. The diagnosis was bilateral shoulder rotator cuff injury. The treatment to date has included oral and topical analgesics, physical therapy, home exercises, and chiropractic therapy. A utilization review from September 29, 2013 denied the request for therapeutic steroid injection to right shoulder. Reason for denial was not available.

IMR ISSUES, DECISIONS AND RATIONALES

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

THERAPEUTIC STEROID INJECTION TO RIGHT SHOULDER: Upheld

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

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

Decision rationale: The California MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines was used instead. According to ODG, criteria for steroid injections include: diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems, except for post-traumatic impingement of the shoulder; not controlled adequately by recommended conservative treatments (physical therapy and exercise, NSAIDs or acetaminophen), after at least 3 months; and pain interferes with functional activities. In this case, patient was diagnosed with rotator cuff injury. However, there was no evidence of failure of conservative treatment to manage pain. Likewise, limitations in activities of daily living were not objectively discussed. The medical necessity has not been established at this time. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for therapeutic steroid injection to right shoulder is not medically necessary.