

Case Number:	CM14-0116062		
Date Assigned:	08/04/2014	Date of Injury:	02/06/2014
Decision Date:	10/09/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/24/2014

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 Nevada. 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 records presented for review indicate that this 53 year-old female was reportedly injured on February 6, 2014. The mechanism of injury is noted as "copious amounts of typing at an ergonomically incorrect workstation". The most recent progress note, dated June 24, 2014, indicates that there were ongoing complaints of shoulder pain. The physical examination demonstrated decreased range of motion, tenderness to palpation, and a negative Spurling sign. Diagnostic imaging studies objectified ordinary disease of life degenerative disc disease at multiple levels in the cervical spine, canal stenosis, and no acute osseous abnormalities are reported. Previous treatment includes multiple medications, physical therapy, and electrodiagnostic testing. A request had been made for shoulder steroid injection and was not certified in the pre-authorization process on July 2, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder injection with 5cc 1% lidocaine and 40mg of Kenalog under ultra sound to assist inflammation 1 visit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disabilities guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) steroid disorders-osteoarthritis (Electronically Cited): Official Disability Guidelines (ODG) shoulder chapter, updated August, 2014

Decision rationale: The MTUS and ACOEM guidelines are specific relative to shoulder steroid injections. The parameters noted in the ODG were used. To support such an injection, it has to be objective data to suggest adhesive capsulitis, an impingement syndrome or rotator cuff problem. Based on the physical examination reported tempered by the lack of any prior evidence, there is insufficient data presented to support the need of a steroid injection based on the medical records presented for review.

MRI of right shoulder and right elbow to r/o internal derangement: Upheld

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): 207.

Decision rationale: When noting the complaints of pain, tempered by the physical examination findings, there is no clear clinical evidence presented to suggest the need for an enhanced imaging study of the shoulder. There are no red flags suggest of any significant intra-articular pathology. Therefore, based the parameters noted in the ACOEM guidelines and the physical examination reported, there is insufficient data to support the medical necessity of such an evaluation.

Naproxen 550mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines <8 C.C.R. 9792.20 - 9792.26 MTUS; (Effective July 18, 2009) Page(s): 66, 73.

Decision rationale: When noting the date of injury, the injury sustained, the findings of a physical examination, and the ongoing complaints of pain, tempered by the parameters outlined in the MTUS there is a clinical indication for this medication. As noted in the MTUS this is an option for the treatment of osteoporosis. Therefore, based on the clinical information presented for review this is clinically indicated.

Omeprazole 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 68.

Decision rationale: This is a protein pump inhibitor useful for the treatment of gastroesophageal reflux disease and can be considered a protectorate for those individuals utilizing non-steroidal medications. However, there is no documented gas attest of complaints. Therefore, when noting the date of injury, the injury sustained, and the medications employed there is no clear clinical indication that such a medication is necessary at this time. As such, this is not medically necessary.