

Case Number:	CM14-0119539		
Date Assigned:	08/06/2014	Date of Injury:	10/20/2012
Decision Date:	10/20/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/29/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 injured worker is a 41 year old male who had a work-related injury on 10/20/12. He tripped and fell during work, he attempted to break his fall with his right hand and emerged with primary pain in the right hand right upper extremity, right shoulder, and right paracervical region. Most recent medical record submitted for review is dated 07/03/14. The injured worker reports continued improvement. Medications as well as physical therapy are providing effective in improving injured worker's pain levels, function, range of motion, and overall sense of comfort. Medication given to him at last visit has helped to improve his pain. Physical examination, complete shoulder exam was performed. Neurovascular is intact. Painful arc of motion (90 to 130 degrees on the right). Diagnoses include impingement syndrome of the right shoulder. Right shoulder MRI said to reveal full thickness rotator cuff. He did have a decompression biceps tendinotomy of the right shoulder on 10/14/13. It was noted on 06/03/14 has been reasonably well postoperatively. Prior utilization review on 07/08/14 was non-certified. Current request is for Medrol dose pack #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrol dose pak #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder: Corticosteroids, oral

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, Corticosteroids, oral

Decision rationale: The request is for Medrol Dosepak x1 is not medically necessary. The clinical documentation submitted for review as well as evidence based guidelines do not support the request. ODG, recommended as an option for adhesive capsulitis of the shoulder. Results may be short-term, and oral is somewhat less effective but less invasive compared to injections. The use of cortisone in the treatment of idiopathic shoulder adhesive capsulitis leads to fast pain relief and improves range of motion. Intra-articular injections of glucocorticoids showed superior results in objective shoulder scores, range of motion, and patient satisfaction compared with a short course of oral corticosteroids, but in the patients treated with oral glucocorticoids, significant improvements were also found. There is no clinical evidence submitted indicating that the injured worker has adhesive capsulitis. As such, medical necessity has not been established.