

Case Number:	CM14-0127095		
Date Assigned:	09/16/2014	Date of Injury:	05/27/2013
Decision Date:	11/07/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/11/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of May 27, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and reportedly normal MR arthrography of the injured shoulder. In a Utilization Review Report dated July 25, 2014, the claims administrator denied a request for sub-acromial cortisone injection to the left shoulder. The applicant's attorney subsequently appealed. In a July 8, 2014 progress note, the applicant reported persistent complaints of shoulder pain. 4+/5 shoulder strength was noted despite full range of motion. It was stated that the applicant had ongoing lateral shoulder pain status post shoulder debridement surgery. It was stated that the applicant's treatment options could include proposed corticosteroid injection. The attending provider stated that a second postoperative sub-acromial corticosteroid injection was likely the most appropriate option here. In an earlier note dated June 9, 2014, the applicant was given a 10-pound lifting limitation. It was not clearly stated whether or not the applicant was working or not. The applicant had received an earlier sub-acromial corticosteroid injection on March 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Subacromial Cortisone Injection For The Left Shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, Table 9-6, page 213, two or three sub-acromial cortisone injections of local anesthetic and cortisone are recommended over an extended period as part of the rehabilitation program to treat rotator cuff inflammation, impingement syndrome, or small tears. In this case, the request in question represents the applicant's second shoulder sub-acromial cortisone injection. The attending provider has stated that he is intent on employing the proposed injection to advance the applicant's activity level. The attending provider has, furthermore, indicated that there is a relative paucity of operative and non-operative interventions available to the applicant other than the proposed sub-acromial cortisone injection. The request, as written, does conform to ACOEM parameters. Therefore, the request is medically necessary