

Case Number:	CM14-0136048		
Date Assigned:	09/03/2014	Date of Injury:	03/05/2013
Decision Date:	09/30/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/22/2014

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 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:

This a case of a 61-year-old male who has submitted a claim for status post left distal radius fracture with slight shortening; left wrist TFCC tear; Degeneration of wright wrist TFCC; left shoulder bursitis/ impingement - resolving; left shoulder symptomatic AC DJD - resolving associated with, industrial injury date of 3/5/2013. Medical records 2014 were reviewed. Progress reports dated 07/01/2014 the patient complained that since his visit, his left shoulder pain has increased because he has been doing more yard work. He has remained stable in regards to the bilateral wrist/hands. The patient had six sessions of acupuncture therapy to the left shoulder since his last visit, which he states helps to reduce his pain. In regards to the left shoulder, the patient reports he feels sharp pains, which he currently rates at a 4-5/10 on the pain scale. The patient notes since finishing acupuncture therapy the pain in his left shoulder increased and his range of motion has decreased. He reports difficult in lifting his arm. He notes difficulty with driving due to this pain. He denies any new injuries however reports he has been doing some yard work recently. He notes this has including lifting and digging. Physical examination of the left shoulder showed that there is mild tenderness to palpation over the bicep tendon and subacrominal bursa. There is no skin hypersensitivity. There is pain with ROM. The joint is stable and tracks well with ROM. There is no instability with manipulation or weight bearing. Active ranges of motion are as follows: flexion 180 degrees, extension 60, abduction 150, ER 45, and IR 70. Passive ranges of motion are as follows: flexion 180 degrees, extension 60, abduction 180, ER 45, and IR 70. Treatment to date has included over the counter medications, acupuncture treatments, physical therapy, home exercises, and chiropractic physiotherapy. He has had a previous corticosteroid injection with relief, but it was applied on the left wrist. He is currently taking as needed doses of ibuprofen and Aleve. Utilization review dated 07/22/2014 denied the retrospective request for corticosteroid injection because

conservative management, such as acupuncture and oral pain medications, were helping with his pain. ACOEM guidelines also notes that invasive techniques such as steroid injections have limited proven value.

IMR ISSUES, DECISIONS AND RATIONALES

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

One corticosteroid injection to left shoulder (retrospective for date of service 7/1/2014):
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

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

Decision rationale: The California MTUS does not specifically address shoulder steroid injection. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) were used instead. The ODG states that the following are the criteria for shoulder steroid injection: 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 after at least 3 months; pain interferes with functional activities; intended for short-term control of symptoms to resume conservative medical management; generally performed without fluoroscopic or ultrasound guidance; only one injection should be scheduled to start; a second injection is not recommended if the first has resulted in complete resolution of symptoms or if there has been no response; with several weeks of temporary, partial resolution of symptoms, and then worsening pain and function, a repeat steroid injection may be an option; the number of injections should be limited to three. In this case, corticosteroid injection was done on the left shoulder for bursitis/impingement and symptomatic AC DJD. However, prior to the procedure, patient noted that acupuncture has helped him in alleviating his pain. His oral pain medications, e.g. Aleve, has also decreased his pain upon intake. With these, it cannot be established that conservative management did not adequately address the pain he is experiencing. The clinical indication for this treatment has not been clearly established. Therefore, the request was not medically necessary.