

Case Number:	CM14-0144211		
Date Assigned:	09/12/2014	Date of Injury:	08/12/2010
Decision Date:	10/10/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	09/05/2014

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 Pain Management 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 42 year old female who sustained work-related injuries on August 9, 2010. Per the medical records dated February 10, 2014, the injured worker complained of right shoulder pain rated at 8/10, neck pain rated at 8/10, upper back pain rated at 8/10, and 4/10 right upper extremity pain with hand weakness. All of this remained unchanged since the last visit. On examination, moderate to severe tenderness was noted. Range of motion was restricted in the bilateral upper extremities. She underwent chiropractic treatment and made a follow-up visit on July 1, 2014. She reported of right shoulder pain rated at 8/10, neck pain rated at 8/10, upper back pain rated at 7/10, and right upper extremity pain rated at 4/10 with hand weakness. She was also noted to present more shoulder pain and swelling. She was unable to lift her arm. Moderate to severe muscle spasms were noted and range of motion was limited. She again underwent chiropractic manipulation. She underwent a panel qualified medical evaluation on July 14, 2014 regarding her psychiatric complaints. Her orthopedic disability has been found to be permanent and stationary as she has reached maximum medical improvement. However, her psychiatric disability cannot be found to be permanent and stationary. Therefore, this apportionment is not warranted. Most recent progress notes dated July 25, 2014 document that she complained of right shoulder pain rated at 8/10, bilateral neck pain rated at 8/10, right upper back pain rated at 7/10, and right upper extremity pain with hand weakness rated at 4/10. Objective examination findings showed a limited range of motion of the glenohumeral joint in flexion, extension, abduction, and external rotation by 50%. Her Neer's test and supraspinatus test were positive. Moderate spasm was noted over the right trapezius and levator. Tenderness was noted over the cervical spine, glenohumeral joint and acromioclavicular joint. She is diagnosed with frozen shoulder, adhesive capsulitis shoulder, cervical radiculitis, segmental

dysfunction thoracic, lumbar radiculitis, and adjustment disorder with mixed anxiety and depressed mood.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation and possible injections to the shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196, 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Acute and Chronic

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 106;204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Steroid Injections

Decision rationale: Evidence-based guidelines indicate that steroid injections to the shoulder are recommended for up to three injections. It further indicates criteria for steroid injections which should be met by the clinical presentation of the injured worker. The criteria are as follows: - 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, nonsteroidal anti-inflammatory drugs, or acetaminophen), after at least 3 months; -Pain interferes with functional activities (e.g., pain with elevation is significantly limiting work); -Intended for short-term control of symptoms to resume conservative medical management. Evidence-based guidelines indicate the ongoing office evaluation and management is encouraged in order to provide thorough assessment and monitoring of the injured worker's response with ongoing medical treatment. A review of this injured worker's medical records suggest that she has undergone prior physical therapy sessions but did not provide any significant improvements as per the qualified medical evaluator report dated July 14, 2014. Moreover, she has been undergoing chiropractic treatments since February 2014 up until July 2014. Her magnetic resonance imaging scan performed in July 7, 2014 as noted in the July 25, 2014 progress notes reveal that she has tendinosis. Based on the clinical presentation of the injured worker, although the criteria presented above are partially met, the diagnosis of the injured worker (tendinosis) as per the magnetic resonance imaging scan July 2014 is not part of the indications. This condition as per guidelines can be treated by conservative treatment options. Thus, medical necessity of the requested consultation with possible injections is not established.