

Case Number:	CM14-0147826		
Date Assigned:	09/15/2014	Date of Injury:	04/21/2011
Decision Date:	10/17/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/11/2014

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 Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 40-year-old female who reported an injury on 07/16/2007 due to cumulative trauma. Diagnoses were sprain/strain of the right shoulder, tendonitis of the right shoulder, bicipital tenosynovitis of the right shoulder, acromioclavicular (joint) (ligament) sprain on the right, status post right shoulder arthroscopic surgery 12/2011. Past treatments have been medications, physical therapy, epidural steroid injections, and shockwave therapy. MRI of the right shoulder with arthrogram revealed postoperative status, focal abnormal signal in the supraspinatus tendon -- could represent postoperative changes or tendinosis. A clinical correlation is suggested. Surgical history was right shoulder surgery, 2 surgeries to the left shoulder, and 4 to 5 surgeries on the right knee. Physical examination on 09/02/2014 revealed the injured worker had complaints of constant pain in the right shoulder that traveled to the neck, right arm and entirely to her hand including all digits. The pain was rated an 8/10. The injured worker had complaints of difficulty falling asleep due to pain, waking during the night to pain, dizziness, and headaches, symptoms of anxiety due to pain and loss of work. Medications were tramadol, Naproxen, and omeprazole. Examination of the right shoulder revealed severe tenderness at the AC joint on the right. There was severe tenderness at the bicipital tendon. Abrasion test for rotator cuff tendinopathy, Neer's test, Hawkins, Speed's were positive on the right shoulder. Range of motion for the right shoulder for flexion was to 110 degrees, extension was to 20 degrees, abduction was to 100 degrees, adduction was to 20 degrees, internal rotation was to 50 degrees, and external rotation was to 60 degrees. Phalen's test was negative on both wrists. The rationale was: "failure to indicate conservative measures such as physical therapy. In my initial report I indicated that since her initial visit that the injured worker had undergone a course of physical therapy sessions, acupuncture and LINT therapy which she stated were not helpful and continues to remain symptomatic and is experiencing pain." The treatment plan was

for right shoulder subacromial steroid injection with Kenalog kit. The Request for Authorization was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Subacromial Steroid Injection with Kenalog Kit: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder, Steroid Injection

Decision rationale: The decision for Right Shoulder Subacromial Steroid Injection with Kenalog Kit is not medically necessary. The Official Disability Guidelines criteria for steroid injections to the shoulder are diagnoses 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, NSAIDs 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, generally performed without fluoroscopic or ultrasound guidance, only one injection should be scheduled to start, rather than a series of 3, 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 solution of symptoms, and in worsening pain and function, a repeat steroid injection may be an option. The number of injections should be limited to 3. The medical guidelines state there should be a diagnoses, rotator cuff disease, adhesive capsulitis or impingement syndrome. The injured worker does not have any of those diagnoses. The clinical information submitted for review does not provide evidence to justify a right shoulder subacromial steroid injection with Kenalog kit. Therefore, this request is not medically necessary.