

Case Number:	CM14-0161080		
Date Assigned:	10/02/2014	Date of Injury:	12/14/2004
Decision Date:	11/06/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/30/2014

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:

The underlying date of injury in this case is 12/14/2004. The date of the utilization review under appeal is 09/18/2014. The patient's diagnoses include osteoarthritis of the shoulder, cervical spondylosis, and cervical radiculitis. On 08/27/2014, the patient was seen in primary treating physician followup. The patient was specifically seen in injection followup. The patient was noted to have a complex history of bilateral shoulder pain and was hoping to defer right shoulder arthroscopic treatment. The patient was noted to have been treated from 2004 through 2008 with a TENS, chiropractic, and acupuncture with temporary relief. The patient was noted to be status post right shoulder arthroscopy in 2006. The patient continued working full-time as a hairdresser. On examination of the shoulder and upper arm the patient had no swelling or redness and had normal strength. The patient was felt to have a rotator cuff tendinopathy. The claimant was to continue with Celebrex and to proceed with bilateral cortisone injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder cortisone injection under ultrasound: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213.

Decision rationale: ACOEM guidelines, Chapter 9, shoulder, page 213, recommends 2-3 subacromial injections of local anesthetic and cortisone to treat rotator cuff inflammation or impingement. However, the guidelines state that the evidence to support this is not strong and that prolonged or frequent use of cortisone injections into the subacromial space or shoulder joint is not recommended. This is a chronic case dating back almost a decade to 2004. The guidelines support the use of the requested injection essentially in an acute situation but not on an ongoing chronic basis. The medical records contain very limited information regarding assessment and education of the patient of risks versus benefits of repeating such injections. Considering these factors overall, this request is not supported by the treatment guidelines. This request is not medically necessary.

Left shoulder cortisone injection under ultrasound: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213.

Decision rationale: ACOEM guidelines, Chapter 9, shoulder, page 213, recommends 2-3 subacromial injections of local anesthetic and cortisone to treat rotator cuff inflammation or impingement. However, the guidelines state that the evidence to support this is not strong and that prolonged or frequent use of cortisone injections into the subacromial space or shoulder joint is not recommended. This is a chronic case dating back almost a decade to 2004. The guidelines support the use of the requested injection essentially in an acute situation but not on an ongoing chronic basis. The medical records contain very limited information regarding assessment and education of the patient of risks versus benefits of repeating such injections. Considering these factors overall, this request is not supported by the treatment guidelines. This request is not medically necessary.