

Case Number:	CM14-0218631		
Date Assigned:	01/08/2015	Date of Injury:	03/10/2013
Decision Date:	03/05/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, California
 Certification(s)/Specialty: Family Practice

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 is a 56 year old male patient who sustained an industrial injury on 03/10/2013. He sustained the injury when his foot got caught in a hole in a truck bed and he suffered a fall. The injured worker subsequently developed severe pain in the left knee, left lower back and left shoulder. Diagnoses included left knee derangement with possible anterior cruciate ligament tear, lumbar discogenic disease, left shoulder arthritic changes and bilateral facet joint pain. Per the doctors note dated 11/20/2014, he had complaints of low back pain, left knee pain and left shoulder pain. The physical examination of the left shoulder revealed tenderness and positive Neers and Hawkins sign. The medications list includes cyclobenzaprine, gabapentin, tramadol, omeprazole, amitriptyline, naproxen and ibuprofen. Medical records from 08/19/2013-11/20/2014 were included for review. The primary treating physician made requests for physical therapy of the knee and epidural steroid injections of the lumbar spine on 10/08/2013; however as per the most recent treating physician's progress note from 11/20/2014, the requests were not yet authorized. There was no documentation of significant signs and symptoms of the left shoulder until the most recent visit note or specific treatments that had been rendered to the left shoulder. He has had MRI of the left knee which showed edema of the anterior cruciate ligaments and significant edema in the subpatellar area of the left knee, MRI of the lumbar spine which showed disk bulging at L3-L4 and L4-L5 and MRI of the left shoulder which showed basic arthritic changes. A left shoulder cortisone injection was requested. Work status was temporarily totally disabled. On 12/17/2014, Utilization Review non-certified he request for 1 left shoulder cortisone injection, citing ACOEM and ODG guidelines. The UR physician indicated that there was

insufficient documentation regarding conservative care measures that had been rendered for treatment of the left shoulder. The UR decision was subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 left shoulder cortisone injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Page204. Decision based on Non-MTUS Citation Chapter: Shoulder (updated 02/27/15) Steroid injections

Decision rationale: As per the ACOEM guidelines, Invasive techniques have limited proven value. If pain with elevation significantly limits activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy (i.e., strengthening exercises and nonsteroidal anti-inflammatory drugs) for two to three weeks. The evidence supporting such an approach is not overwhelming. Per the cited guidelines cortisone injection is given after trial of conservative therapy. In addition per the ODG, Steroid injections compared to physical therapy seem to have better initial but worse long-term outcomes. There is limited research to support the routine use of subacromial injections for pathologic processes involving the rotator cuff. A trial and response to conservative therapy including physical therapy visits for left shoulder is not specified in the records provided. The medical necessity of left shoulder cortisone injection is not fully established for this patient.