MAXIMUS Federal Services

Case Number:	CM14-0218691		
Date Assigned:	01/08/2015	Date of Injury:	02/11/2010
Decision Date:	03/09/2015	UR Denial Date:	12/11/2014
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 60 year old female who sustained a work-related injury on 2/11/2010. Patient sustained the injury due to slip and fall incident. Diagnoses include lumbago, bilateral shoulder impingement syndrome, C5-6 disc displacement, cervicalgia; status post left arthroscopy and distal clavicle resection, status post bilateral knee arthroscopic partial meniscectomy, bilateral knee meniscal tears and bilateral knee degenerative joint disease. Past treatments included physical therapy, knee surgery, shoulder surgery and injections to her back and shoulder. Past medical history includes hypertension. Magnetic resonance imaging (MRI) of the left shoulder from 11/19/2014 revealed mild to moderate reduction of the subacromial space and bursitis without evidence of rotator cuff tear or retraction. Per the physician's report from 11/3/2014, the injured worker was working on regular duty in an office. Per the primary treating physician's orthopedic spine surgery narrative progress report from 12/1/2014, the injured worker complained of neck pain rated 6/10, left shoulder pain rated 6/10, low back pain rated 6/10 and bilateral knee pain rated 6/10. Current medications included Duexis 800-26.2mg tablet. Physical exam revealed palpable tenderness over the left AC joint and left anterior shoulder, no swelling, no atrophy, and limited range of motion and positive impingement and neer test. The left shoulder had been previously injected in July 2014; this improved the symptoms for approximately 2 days before returning to baseline. Shoulder range of motion was decreased. Patient has received an unspecified number of PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone subacromial steroid injection to left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Shoulder (updated 02/27/15) Steroid injections

Decision rationale: Request: Cortisone subacromial steroid injection to left shoulder. As per the ACOEM guidelines cited below, 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. 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. As per cited guideline 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 left shoulder had been previously injected in July 2014; this improved the symptoms for approximately 2 days before returning to baseline. Shoulder range of motion was decreased. Any evidence of complete resolution of symptoms, or no response from previous steroid injection was not specified in the records provided. Any evidence of several weeks of temporary, partial resolution of symptoms, and then worsening pain and function after previous steroid injections was not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. Response to previous conservative therapy was not specified in the records provided. Previous conservative therapy notes were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The medical necessity of the request for Cortisone subacromial steroid injection to left shoulder is not fully established in this patient.

Orthopedic postural cushion: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): page 301. Decision based on Non-MTUS Citation Low Back (updated 03/03/15) Mattress selection Lumbar supports

Decision rationale: As per cited guideline: not recommended to use firmness as sole criteria. There are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. On their other hand, pressure ulcers (e.g., from spinal cord injury) may be treated by special support surfaces (including beds, mattresses and cushions) designed to redistribute pressure. A recent detailed examination of the low back was not specified in the records provided. Any evidence of the pressure ulcers was not specified in the records provided. Any evidence of compression fractures, spondylolisthesis, instability, or a recent surgery is not specified in the records provided. Patient has received an unspecified number of the PT visits for this injury. Response to this conservative therapy was not specified in the records provided. Prior conservative therapy notes were not specified in the records provided. Any recent PT note documenting any significant functional deficit of the lumbar spine that would require an Orthopedic postural cushion was not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The medical necessity of the request for Orthopedic postural cushion is not fully established in this patient.

Ergonomic evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Page 153. Decision based on Non-MTUS Citation Low Back (updated 03/03/15) Ergonomics interventions

Decision rationale: Request: Ergonomic evaluation Chapter 7, Independent Medical Examinations and Consultations MEDICAL AND OCCUPATIONAL HISTORY Page 153MEDICAL AND OCCUPATIONAL HISTORY

According to ACOEM guidelines cited below, the review should include work tasks, exposures, and protection such as engineering controls, personal protective equipment, and ergonomic practices. Non-occupational exposures should be sought as well. Per the physician's report from 11/3/2014, the injured worker was working on regular duty in an office. Patient has received an unspecified number of PT visits for this injury. The detailed response to the course of conservative therapy including PT visits was not specified in the records provided. Previous conservative therapy notes are not specified in the records provided prior to noting the response to prior conservative therapy, including physical therapy and pharmacotherapy the medical necessity for ergonomics evaluation is not fully established. The medical necessity of the request for Ergonomic evaluation is not fully established in this patient.