

Case Number:	CM15-0011273		
Date Assigned:	01/28/2015	Date of Injury:	03/14/2013
Decision Date:	03/24/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/20/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 48 year old male, who sustained an industrial injury on 3/14/13. The injured worker has complaints of right and left shoulder pain. The diagnoses have included status post right shoulder arthroscopy, arthroscopic subacromial decompression; status post manipulation under anesthesia, right shoulder; severe residual adhesive capsulitis, right shoulder and impingement syndrome, left shoulder. Treatment to date has included Magnetic Resonance Imaging (MRI) of the right shoulder; right shoulder surgery on 7/23/13 consisting of operative arthroscopy, subacromial decompression and debridement; physical therapy services; manipulation of the right shoulder on 3/20/14; cortisone injection to the right shoulder on 4/12/13, 7/3/13, 8/15/14 and 11/26/14; left shoulder cortisone injection on 7/16/14, she reported that the injections helped only on a temporarily basis; acupuncture; right shoulder X-rays showed no acute abnormalities and left shoulder X-ray showed an inferior spur off the distal clavicle and medications. The injured worker returned to work on 12/8/14 on a modified duty basis with "no lifting, pushing, pulling over 10 pounds with the right upper extremity and no overhead work". According to the utilization review performed on 1/6/15, the requested intra-articular cortisone injection into the right shoulder glenohumeral joint and Physical Therapy (post injection); three (3) times a week for four (4) weeks has been non-certified. CA MTUS ACEOM and ODG both note the need for assessment of benefit after shoulder injection. There was no documentation of any significant improvement with prior cortisone injections to support a repeat cortisone injection for the right shoulder. Therefore, the medical necessity of another

injection followed by post-injection physical therapy is not established and the requests are non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intra-articular cortisone injection into the right shoulder glenohumeral joint: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per the ACOEM guidelines with regard to shoulder injection: 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 antiinflammatory drugs) for two to three weeks. The evidence supporting such an approach is not overwhelming. The total number of injections should be limited to three per episode, allowing for assessment of benefit between injections. The documentation submitted for review indicates that the injured worker was previously treated with cortisone injection for the right shoulder on 11/26/14. However, there was no documentation of response to this procedure. Per the ODG guidelines: 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. Absent supporting documentation, the request is not medically necessary.

Physical Therapy (post injection); three (3) times a week for four (4) weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per the ODG guidelines: Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12): Medical treatment: 10 visits over 8 weeks: Post-injection treatment: 1-2 visits over 1 week. As the requested injection was not medically necessary, postoperative physical therapy it not necessary. Furthermore, the request is in excess of the recommended amount of sessions.