

Case Number:	CM15-0013814		
Date Assigned:	02/02/2015	Date of Injury:	03/27/2005
Decision Date:	03/23/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/23/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 male sustained an industrial injury to bilateral shoulders on 3/27/05. Treatment included physical therapy and medications. No recent magnetic resonance imaging was available for review. In a PR-2 dated 12/15/14, the injured worker complained of ongoing bilateral shoulder and cervical spine pain with some numbness of bilateral arms. The injured worker reported that medications helped with the pain. Physical exam was remarkable for left shoulder with positive Spurling's test and positive impingement, decreased strength to the left shoulder, decreased range of motion of bilateral shoulders and decreased sensation to left hand. Current diagnoses included myofascial pain syndrome, cervical strain, rotator cuff syndrome, cervical radiculopathy, and status post bilateral shoulder surgery. The treatment plan included continuing medications (Omeprazole, Neurontin, Voltaren XR, and Menthoderm Gel) and adding Flexeril for acute spasms to the left trapezius. On 1/2/15, Utilization Review noncertified a request for Left Shoulder Injection. CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205, 212-214.

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

Decision rationale: Pursuant to the Official Disability Guidelines, left shoulder injection is not medically necessary. The guidelines provide the criteria for steroid injections. They include, but are not limited to, diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems, except for posttraumatic impingement of the shoulder; not controlled adequately by recommended conservative treatments; pain interferes with functional activities; intended for short-term control of symptoms; generally performed without fluoroscopic or ultrasound guidance; only one injection should be scheduled start rather than a series of three; a second injection is not recommended if the first has resulted in complete resolution of symptoms or there is no response; within several weeks of temporary, partial resolution of symptoms, and then worsening of pain and function, repeat injection may be an option; number of injections should be limited to three. In this case, the appeal for the denial of the left shoulder injection (discussion section) states the injection was for a left subacromial bursa. This documentation did not appear in the medical record prior to this appeal. The documentation indicated the left shoulder injection was given on June 2. The last injection was given six weeks prior. There was no procedure note or documentation of that first injection. A third injection scheduled for July 14, 2014. The diagnosis was impingement syndrome shoulder. The documentation did state it was greater than 50% relief. The request for authorization is the fourth injection. The guidelines limit the number of injections to three (#3). There is no compelling clinical documentation to support a fourth shoulder injection for the request for authorization dated December 2014. Consequently, absent compelling clinical documentation to support a fourth steroid injection to the left shoulder, left shoulder injection is not medically necessary.