

Case Number:	CM15-0017422		
Date Assigned:	02/05/2015	Date of Injury:	08/10/2011
Decision Date:	03/30/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	01/29/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 male, who sustained an industrial injury on 8/10/11. The injured worker has complaints of increased pain in the right shoulder and lower back. The right shoulder pain radiates to the right side of the neck with stiffness and radiated to the upper arm area. She has constant pain and stiffness in the low back, worse in the middle that radiates to the right leg to the foot with numbness and tingling worse at night. She has constant pain in the right ankle and foot with swelling and the pain radiates to the bottom of the foot with a burning sensation. The diagnoses have included right shoulder rotator cuff/biceps tendinitis/impingement; lumbar spine myofasciitis sprain/strain syndrome with right sided radiculopathy associated with moderately severe spinal canal stenosis at L4/L5 disc protrusion and L5/S1 lateral recess and stenosis per Magnetic Resonance Imaging (MRI) and right ankle status post calcaneal comminuted fracture treated with open reduction and internal plate and screw fixation healed with continued significant soft tissue symptoms in the right ankle and foot and swelling with continued symptoms. Treatment to date has included S-rays of the right ankle and foot, cervical spine, right shoulder, lumbar spine and right knee; Magnetic Resonance Imaging (MRI) of the lumbar spine 6/16/12; Magnetic Resonance Imaging (MRI) of the right knee 6/16/12; acupuncture; physical therapy to the right foot and ankle and lumbar spine and medications. According to the utilization review performed on 1/19/15, the requested right shoulder steroid injection has been non-certified. ODG, Shoulder Chapter was used in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder steroid injection: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Shoulder Chapter, under Steroid Injections

Decision rationale: The patient presents with constant severe right shoulder pain rated 8/10 which radiates to the upper arm and is exacerbated by reaching, pushing, pulling and carrying objects. The patient's date of injury is 08/10/11. The patient has no documented surgical history directed at this complaint, though progress note dated 08/22/14 discusses the in-office completion of a steroid injection to the right shoulder. No mention of symptom improvement following said injection is provided in the subsequent reports. The request is for RIGHT SHOULDER STEROID INJECTION. The RFA for this request was not provided. Physical examination dated 01/12/15 reveals severe tenderness over the supraspinatus and teres major muscles, extreme pain elicitation upon elevation of the right shoulder. Diagnostic imaging was not included, though 01/12/15 progress note references 06/01/12 X-ray of the right shoulder, "films of the right shoulder in three views as reviewed by this examiner are non-contributory." The patient is currently prescribed Naproxen, Norco, Prilosec, and Enova RX. Patient's current work status is not specified. ODG Guidelines, Shoulder Chapter, under Steroid Injections has the following: "Recommended as indicated below, up to three injections. Steroid injections compared to physical therapy seem to have better initial but worse long-term outcomes. One trial found mean improvements in disability scores at six weeks of 2.56 for physical therapy and 3.03 for injection, and at six months 5.97 for physical therapy and 4.55 for injection. Variations in corticosteroid/anesthetic doses for injecting shoulder conditions among orthopaedic surgeons, rheumatologists, and primary-care sports medicine and physical medicine and rehabilitation physicians suggest a need for additional investigations aimed at establishing uniform injection guidelines. There is limited research to support the routine use of subacromial injections for pathologic processes involving the rotator cuff, but this treatment can be offered to patients. Intra-articular injections are effective in reducing pain and increasing function among patients with adhesive capsulitis." In regards to the request for what appears to be the second steroid injection for the management of this patient's intractable shoulder pain, the request appears reasonable. Progress notes indicate that the patient has received at least 1 shoulder injection to date, on 08/22/14, though no specific improvements attributed to this injection are provided. Progress note indicate that this patient's symptoms have failed to resolve following NSAIDs, physical therapy, and opiate medications. ODG Guidelines support a 3 shot series of steroid injections, this will be the second. Therefore, the request IS medically necessary.