

Case Number:	CM15-0113600		
Date Assigned:	06/22/2015	Date of Injury:	04/02/2011
Decision Date:	07/21/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/12/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 54 year old female, who sustained an industrial injury on 4/2/11. She reported pain in left shoulder, arm and left thumb while emptying trash. The injured worker was diagnosed as having shoulder arthralgia, shoulder bursitis/impingement and muscle weakness. Treatment to date has included Tramadol, occupational therapy, and home exercise program and activity restrictions. Currently, the injured worker complains of continued pain and soreness of left shoulder rated 6/10. She is currently not working. Physical exam noted tenderness to palpation over the deltoid and sub acromion, tenderness to palpation over trapezius with restricted range of motion and mild impingement. The treatment plan included a request for authorization for left shoulder subacromial cortisone injection, Voltaren gel 1%, home exercise program and follow up appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Subacromial cortisone injection with ultrasound guidance for need placement left shoulder 5/8/15 order: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), shoulder steroid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Steroid injections.

Decision rationale: The claimant sustained a work-related injury in April 2011 and continues to be treated for left shoulder pain. When seen, there was deltoid and subacromial tenderness with positive impingement testing. There was decreased range of motion. Prior treatments have included medications, acupuncture, physical therapy, and TENS. A steroid injection is recommended as an option which shoulder pain is not controlled adequately by recommended conservative treatments including physical therapy, exercise, and medications after at least 3 months. In this case, the claimant has had conservative treatments and continues to have symptoms. Physical examination findings support the injection being requested. Although shoulder injections are generally performed without fluoroscopic or ultrasound guidance, there is some evidence that the use of imaging improves accuracy. The requested injection is medically necessary.