

Case Number:	CM15-0127560		
Date Assigned:	07/14/2015	Date of Injury:	08/07/2013
Decision Date:	08/10/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	07/01/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

The injured worker is a 56 year old female, who sustained an industrial injury on 8/7/13. She reported right shoulder and neck pain that radiated down into her arm. There was a sharp pain in her right shoulder blade and tingling and numbness in her right wrist and hand. The injured worker was diagnosed as having light arthritis. Treatment to date has included x-ray, medication, physical therapy, home exercise program and injections. Currently, the injured worker complains of frequent, moderate to severe cervical spine pain described as dull. The pain radiates to her right shoulder and is exacerbated by twisting and turning. She complains of occasional, minimal right shoulder pain described as throbbing and comes on suddenly. She experiences a sharp stabbing pain in her back and toward her right shoulder blade. She reports frequent moderate pain in her right wrist and hand described as sharp, which is accompanied with numbness and tingling. The pain is aggravated by writing, typing and using her arms. The injured worker is diagnosed with cervical disc herniation with myelopathy, carpal tunnel syndrome (right wrist), tendinitis/bursitis of the right hand/wrist and bursitis and tendinitis of the right shoulder. She is working with modifications. A note dated 5/7/15 states on physical exam the following was revealed; tenderness and spasms noted in the cervical spine, spasms and tenderness to the right rotator cuff muscle and right upper shoulder and spasms and tenderness in the right wrist. The note also states that the injured worker has experienced pain relief from a previous right shoulder injection. A note dated 3/20/15 states the injured worker is experiencing continued limited active range of motion despite the home exercise program. A right shoulder cortisone injection is requested to provide the injured worker with pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder cortisone injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 2013. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC): Shoulder Procedure Summary Online Version last updated 04/03/2015, Criteria for steroid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Steroid injection <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines, shoulder injection is recommended: Criteria for Steroid injections: Diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems, except for post-traumatic impingement of the shoulder; Not controlled adequately by recommended conservative treatments (physical therapy and exercise, NSAIDs or acetaminophen), after at least 3 months; Pain interferes with functional activities (eg, pain with elevation is significantly limiting work); Intended for short-term control of symptoms to resume conservative medical management; Generally performed without fluoroscopic or ultrasound guidance; Only one injection should be scheduled to start, rather than a series of three; 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 number of injections should be limited to three. There is no recent and objective documentation of failure of conservative therapies including medication and physical therapy. There is no documentation of adhesive capsulitis, impingement syndrome, or rotator cuff problems. Therefore, the request for right shoulder cortisone injection is not medically necessary.