

Case Number:	CM15-0128879		
Date Assigned:	07/21/2015	Date of Injury:	09/05/2000
Decision Date:	08/17/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/02/2015

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 (IW) is a 75-year-old male who sustained an industrial injury on 09/05/2000. Diagnoses include right rotator cuff syndrome. Treatment to date has included medications and shoulder surgery. According to the progress notes dated 4/24/15, the IW reported right shoulder pain. He was taking Advil for pain. On examination, range of motion of the right shoulder was functional, but there was a painful arc from 90 to 180 degrees with abduction and forward flexion and reduced internal and external rotation. Strength was 5/5 in all distributions. Sensation was within normal limits and reflexes were 2+ and symmetric. Rotator cuff provocative testing was positive on the right with Hawkins, Neer's and open can sign. A request was made for right shoulder injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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 September 2000 and continues to be treated for low back and right shoulder pain. When seen, there was pain with range of motion and decreased internal and external rotation. Impingement testing was positive. There was normal strength. Authorization for additional testing, physical therapy for the right shoulder, and an injection were requested. 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 was also referred for physical therapy at the time of this request. Since there had not been a failure of conservative treatments, the requested injection is not medically necessary.