

Case Number:	CM15-0171963		
Date Assigned:	09/21/2015	Date of Injury:	06/24/2013
Decision Date:	10/23/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/01/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 year old female, who sustained an industrial injury on June 24, 2013, incurring right shoulder and low back injuries. She was diagnosed with a right shoulder sprain and impingement, cervical sprain and lumbar sprain. A lumbar Magnetic Resonance Imaging revealed degenerative disease and a bulging disc. Treatment included pain medications, anti-inflammatory drugs, neuropathic medications, right shoulder injections, epidural steroid injection, chiropractic sessions, occupational therapy, and activity restrictions. Electromyography studies, on June 24, 2013, were unremarkable. Currently, the injured worker complained of ongoing right shoulder pain and discomfort with limited range of motion, popping and clicking and loss of strength and grasp. She noted difficulty sleeping secondary to the chronic right shoulder pain. Magnetic Resonance Imaging of the right shoulder performed in 2014, revealed tendinosis with no rotator cuff tears. The treatment plan that was requested for authorization on September 1, 2015, included a right shoulder SA injection under guidance. On August 25, 2015, a request for a right shoulder SA injection was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder SA Injection Under Guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care.

Decision rationale: Per the MTUS Guidelines, injections of corticosteroids or local anesthetics or both should be reserved for patients who do not improve with more conservative therapies. Steroids can weaken tissues and predispose to reinjury. Local anesthetics can mask symptoms and inhibit long-term solutions to the patient's problem. If shoulder pain with elevation significantly limits activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy (i.e., strengthening exercises and nonsteroidal anti-inflammatory drugs) for two to three weeks. The evidence supporting such an approach is not overwhelming. The total number of injections should be limited to three per episode, allowing for assessment of benefit between injections. Conservative care for impingement syndrome, including cortisone injections, can be carried out for at least three to six months before considering surgery. In this case, there is no clear indication that all attempts at conservative treatment have been completed and the injured worker has only participated in 3 sessions of physical therapy to date. Additionally, there is a lack of documentation of benefits derived from previous injections; therefore, the request for right shoulder SA Injection under guidance is determined to not be medically necessary.