

Case Number:	CM15-0172928		
Date Assigned:	09/15/2015	Date of Injury:	06/01/2012
Decision Date:	10/21/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/02/2015

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: Texas, New York, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of June 1, 2012. In a Utilization Review report dated August 26, 2015, the claims administrator failed to approve a request for shoulder corticosteroid injection. The claims administrator referenced an August 19, 2015 office visit in its determination. The claims administrator noted that the applicant had undergone earlier labral repair surgery on July 22, 2013. The claims administrator did not state whether the claimant had or not had previous shoulder corticosteroid injections. The applicant's attorney subsequently appealed. On August 19, 2015, the applicant reported ongoing complaints of shoulder pain, neck pain, elbow pain, and thumb pain, reportedly burning. The applicant received 18 sessions of physical therapy following earlier failed shoulder surgery, it was reported. The applicant as still smoking on a daily basis, it was reported. The applicant was using Norco, melatonin, and Norflex inconsistent and seemingly pain-limited shoulder range of motion notable with abduction to 100 degrees. The applicant was given operating diagnosis of impingement syndrome of the shoulder. A shoulder corticosteroid injection was sought to ameliorate the applicant impingement syndrome and adhesions status post earlier failed shoulder surgery. The applicant had developed derivative complaints of depression, it was reported. The applicant's work status was not detailed. Remainder of the file was surveyed. There was no seeming mention of the applicant's having had prior shoulder corticosteroid injections therapy. On July 31, 2015, the applicant was placed off of work, on

total temporary disability. Massage therapy was sought while Norco was renewed. It was acknowledged that the applicant was not working. Significant limited shoulder range of motion was again reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Subacromial injection of DepoMedrol 80 and Lidocaine, right shoulder: Overturned

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

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

Decision rationale: Yes, the proposed shoulder subacromial injection of Depo-Medrol and lidocaine was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 213, two or three subacromial injections are recommended over an extended period as part of the rehabilitation program to treat rotator cuff inflammation, impingement syndrome, and/or small tears. Here, there was no concrete evidence that the applicant had had a prior corticosteroid injection. It did not appear that the applicant had prior shoulder corticosteroid injection therapy following an earlier failed shoulder surgery in 2013. The applicant was described as having painful internal impingement on the shoulder, which was limiting performance of day-to-day activities on multiple office visits of mid-to-late 2015. Moving forward with the planned shoulder corticosteroid injection was, thus, indicated. Therefore, the request was medically necessary.