MAXIMUS Federal Services

Case Number:	CM15-0174777		
Date Assigned:	09/16/2015	Date of Injury:	02/14/2013
Decision Date:	10/22/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/04/2015

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: Physical Medicine & Rehabilitation

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 male, who sustained an industrial injury on 2-14-2013. The injured worker was diagnosed as having sprain of neck, sprain of shoulder and arm. The request for authorization is for cortisone injection. The UR dated 8-28-2015: approved the request for consultation with a pain management specialist for the neck; and denied the request for a cortisone injection. On 6-10-2015, his work status is reported as return to full duty. Subjective findings have notation that another provider suggested pain management, electro diagnostic studies were pending, and a QME was pending. There are no subjective complaints by the injured worker documented on this report. Objective findings indicated that a magnetic resonance imaging of the cervical spine revealed degenerative disc disease, and a magnetic resonance imaging of the right shoulder was negative. On 7-3-2015 and 7-31-2015, he was seen for electro diagnostic studies, which indicated normal findings. On 8-3-2015, his work status is noted as return to full duty. He reported neck pain, which was rated 8 out of 10. He indicated there to be radiating pain to the right shoulder. Objective findings revealed a decreased range of motion and tenderness. There is notation of right hand pain rated 6 out of 10. The provider noted requesting an injection for the right shoulder. The treatment and diagnostic testing to date has included: Medications, electro diagnostic studies (7-3-2015, 7-31-2015), QME (7-30-2015), magnetic resonance imaging of the right shoulder (2-21-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, under Steroid Injections and Other Medical Treatment Guidelines MUTS/ACOEM chapter 9 page 207.

Decision rationale: The current request is for a CORTISONE INJECTION. The RFA is not provided in the medical file. Treatment history included physical therapy, acupuncture, facet blocks in the neck, TENS unite, ice chiropractic treatments, activity modification and medications. The patient has returned to full duty. MUTS/ACOEM chapter 9 page 207 states: "if pain with elevation significantly limits activity, a subacromial injection of local anesthetic and corticosteroid preparation may be indicated after conservative therapy." ODG Guidelines, Shoulder Chapter, under Steroid Injections has the following: "Recommended as indicated below, up to three injections. Steroid injections compared to physical therapy seem to have better initial but worse long-term outcomes. One trial found mean improvements in disability scores at six weeks of 2.56 for physical therapy and 3.03 for injection, and at six months 5.97 for physical therapy and 4.55 for injection. Variations in corticosteroid/anesthetic doses for injecting shoulder conditions among orthopedic surgeons, rheumatologists, and primary-care sports medicine and physical medicine and rehabilitation physicians suggest a need for additional investigations aimed at establishing uniform injection guidelines. There is limited research to support the routine use of subacromial injections for pathologic processes involving the rotator cuff, but this treatment can be offered to patients. Intra-articular injections are effective in reducing pain and increasing function among patients with adhesive capsulitis." Per report 08/03/15, the patient presents with chronic neck pain with radiating pain to the right shoulder. Pain is rated as 6/10. Under objective findings, the treater notes "cortisone (illegible) relief." The patient was diagnosed with neck sprain, and shoulder/arm strain. Treatment plan was for Norco and "injection R shoulder." The progress report is hand written and partially illegible. The treater has recommended a shoulder injection due to continued pain. It does not appear that this patient has had prior shoulder injection. Progress notes indicate that this patient's symptoms have failed to resolve following conservative measures. ACOEM does support a steroid injection for the shoulder after a failure of conservative care. Therefore, the request is medically necessary.