

Case Number:	CM15-0175139		
Date Assigned:	09/16/2015	Date of Injury:	12/27/2013
Decision Date:	10/16/2015	UR Denial Date:	08/10/2015
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: 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 is a 48 year old male, who sustained an industrial injury on 12-27-2013. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include cervical strain-sprain with radiculitis, cervical disc protrusion, thoracic strain-sprain, myofascial pain bilateral shoulder strain, right shoulder tendinosis, and bilateral elbow strain-sprain. Treatments to date include activity modification, medication therapy, physical therapy, and Shockwave treatments. Currently, he complained of increased neck pain and stable ongoing pain in the mid and upper back and bilateral shoulders. On 7-16-15, the physical examination documented significant cervical and thoracic findings. The shoulders were tender bilaterally with positive impingement and supraspinatus tests. The physical therapy documentation dated 6-11-15, documented restricted range of motion in bilateral shoulders and cervical spine. The MRI dated 6-30-15, noted to reveal right shoulder tendinosis. The appeal requested authorization of one right shoulder injection of Lidocaine 5cc and Depo Medrol 40mg. The Utilization Review dated 8-10-15, denied the request stating "there was no documentation of objective functional deficit to warrant an injection." per the California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder injection (5cc Lidocaine and Depo Medrol 40 mg): Upheld

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 (Acute & Chronic), Steroid injections.

Decision rationale: The claimant sustained a work injury in December 2013 and continues to be treated for neck, mid back, upper back, and bilateral shoulder and elbow pain. When seen, there was bilateral shoulder tenderness with positive impingement and supraspinatus testing. Physical therapy was helping to decrease pain and tenderness and was improving his function and activities of daily living. Authorization for right shoulder injection was requested. A shoulder steroid injection is recommended as an option when shoulder pain is not controlled adequately by recommended conservative treatments including physical therapy, exercise, and medications. In this case, the claimant was participating in physical therapy with decreased pain and improved function. The requested injection was not medically necessary.