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| Case Number: | CM15-0178915 | | |
| Date Assigned: | 09/21/2015 | Date of Injury: | 03/07/2012 |
| Decision Date: | 10/22/2015 | UR Denial Date: | 08/14/2015 |
| Priority: | Standard | Application Received: | 09/11/2015 |

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: North Carolina

Certification(s)/Specialty: Family Practice

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 40 year old female, who sustained an industrial injury on 3-7-12. Medical record indicated the injured worker is undergoing treatment for arthroscopic surgery of shoulder, status post right shoulder surgery with residuals, epicondylitis, cervical intervertebral disc displacement without myelopathy, adhesive capsulitis of shoulder, myalgia and myositis, carpal tunnel syndrome and bilateral elbow sprain-strain and sprain-strain of wrist. Treatment to date has included oral medications including Naproxen and Gabapentin; right shoulder surgery, physical therapy, home exercise program and activity modifications. (MRI) magnetic resonance imaging of right shoulder performed on 3-22-15 revealed 1 cm tear of the supraspinatus tendon, 2cm proximal to the insertions site with fluid in the subacromial sub deltoid bursa indicating a full thickness tear. Currently on 7-31-15, the injured worker complains of right anterior shoulder, right anterior arm, left anterior shoulder, right posterior shoulder, right cervical, right anterior elbow, right anterior forearm, right anterior wrist, left anterior arm, left anterior elbow, left anterior forearm, left anterior wrist, left posterior wrist, left posterior elbow, left posterior arm, right posterior arm, right posterior elbow, right posterior forearm and right posterior wrist pain. She rates the pain 9 out of 10 at its worst and 7 out of 10 at its best, she has numbness and tingling approximately 80% of the time and states she has anxiety and stress; and on 8-10-15 she complained of neck pain with radiation down bilateral upper extremities and bilaterally to the shoulders, described as aching and throbbing; and upper extremity pain bilaterally in fingers, hands, shoulders and wrists; she rates the pain 6-8 out of 10 with medications and 8 out of 10 without medications. She states she feels better with pain medication, rest and topical

compound. She notes ongoing activity of daily limitations due to pain. She is currently not working. Physical exam performed on 7-31-15 revealed well healed post-surgical scar on the right shoulder and right posterior elbow and on 8-10-15 revealed cervical spinal vertebral tenderness at C5-7 with tenderness upon palpation at the trapezius muscles bilaterally with moderately limited range of motion due to pain and tenderness on palpation at bilateral shoulder with decreased range of motion due to pain and bilateral wrists due to pain. The treatment plan included continuation of medications. On 8-14-15, utilization review non-certified a request for left shoulder cortisone injection noting guidelines recommend injection if a diagnosis of adhesive capsulitis, impingement syndrome or rotator cuff problems; in this case there is no convincing evidence of a shoulder problem documented on physical exam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder cortisone injection: 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: The ACOEM chapter on shoulder complaints states: Invasive techniques have limited proven value. If 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 non-steroidal 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. There is no documentation of significant limitation of activity with elevation of the shoulder, either subjectively or on exam. Therefore, the request is not medically necessary.