

Case Number:	CM15-0066167		
Date Assigned:	04/14/2015	Date of Injury:	08/29/2005
Decision Date:	05/12/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/07/2015

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 73 year old female with an industrial injury dated August 29, 2005. The injured worker diagnoses include right rotator cuff (capsule) tear, left status postsurgical procedure in 2005, post-operative chronic pain and myofascial pain. She has been treated with diagnostic studies, prescribed medications, left shoulder cortisone injection, transcutaneous electrical nerve stimulation (TENS) unit and periodic follow up visits. According to the progress note dated 2/27/2015, the injured worker reported chronic bilateral shoulder pain. Objective findings revealed limited bilateral shoulder range of motion and decreased sensation in right arm versus left arm. Pain in neck with flexion and extension was also noted on exam. The treating physician prescribed services for rotator cuff tear cortisone injections bilaterally (left) now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rotator cuff tear cortisone injections bilaterally (left): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 555-556. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Corticosteroid Injections.

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 is nearly 10 years status post work-related injury and continued to be treated for chronic bilateral shoulder pain. When seen by the requesting provider, she had decreased shoulder range of motion and positive impingement testing. The assessment references having had prior injections, which had helped for approximately one year. The last injection had been done more than one year before. A steroid injection is recommended as an option which shoulder pain is not controlled adequately by recommended conservative treatments including physical therapy, exercise, and medications after at least 3 months. In this case, the claimant has had conservative treatments and continues to have symptoms. Her history and physical examination findings support the injection being requested and a prior injection had provided benefit. Therefore, the requested injection is medically necessary.