

Case Number:	CM15-0072111		
Date Assigned:	04/22/2015	Date of Injury:	01/01/2009
Decision Date:	06/11/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/15/2015

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: Florida

Certification(s)/Specialty: Neurology, 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 60 year old female, who sustained an industrial injury on 1/01/2009. She reported developing continuous trauma from repetitive job duties with injury to the left shoulder, neck and left upper extremity. She underwent left rotator cuff surgery in July 2012 and right shoulder arthroscopic surgery 3/12/14. Diagnoses include left shoulder capsulitis, impingement syndrome, bilateral carpal tunnel syndrome, cervical disc disease, lumbar herniation; anxiety and depression. Treatments to date include medication therapy, physical therapy. Currently, she complained of pain in the low back, bilateral knee, bilateral shoulders and bilateral elbows rated 8-9/10. On 2/6/15, the physical examination documented pain and grinding noted in the right shoulder. The lumbar spine was significant for a positive straight leg raise test, decreased range of motion and tenderness. The plan of care included a right shoulder steroid injection with ultrasound guidance and right shoulder arthroscopic surgery. The medical records submitted for this review indicated she underwent right shoulder arthroscopy on 3/28/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Ultrasound Guided Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines shoulder, steroid injection.

Decision rationale: The medical records provided for review do not document the presence of at least 3 positive physical examination findings supportive of shoulder joint dysfunction and does not document the failure of at least 4-6 weeks of conservative treatment including PT or home exercises. ODG supports shoulder joint block with: 1. The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed above). 2. Diagnostic evaluation must first address any other possible pain generators. 3. The patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management. As such the medical records provided for review do not support medical treatment of shoulder steroid joint injection. The requested treatment is not medically necessary.