

Case Number:	CM15-0077624		
Date Assigned:	04/29/2015	Date of Injury:	05/28/2014
Decision Date:	05/28/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/23/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, 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 63 year old male, who sustained an industrial injury on 5/28/2014. Diagnoses include left shoulder pain rule out internal derangement, left shoulder rotator cuff tear status post repair, and biceps tendon rupture. Treatment to date has included surgical intervention (left shoulder arthroscopy (undated) and right shoulder rotator cuff repair (2014), diagnostics, physical therapy, medications and work restriction. Per the handwritten Primary Treating Physician's Progress Report dated 4/14/2015, the injured worker was 4 months status post rotator cuff repair with biceps tenodesis and he reported continued pain. Physical examination revealed decreased range of motion and left shoulder tenderness at the supraspinatus insertion. The plan of care included, and authorization was requested for a cortisone injection with ultrasound guidance to the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone Injection with Ultrasound Guidance to The Right Shoulder: 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 (ODG) Upper Extremity Pain: Steroid Injection.

Decision rationale: Right shoulder Cortisone injection with Ultrasound Guidance is not medically necessary. CA MTUS guidelines references ODG and states that 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 total number of injections should be limited to three per episode, allowing for assessment of benefit between injections. The guidelines recommend at least 2-3 weeks of conservative therapy prior to attempting steroid injections of the shoulder. The medical records lack documentation of the number of steroid injections to the right shoulder as well as quantified results with previous injections. There is also lack of documentation of failed conservative therapy; therefore, the requested service is not medically necessary.