

Case Number:	CM15-0079628		
Date Assigned:	04/30/2015	Date of Injury:	10/29/2014
Decision Date:	06/05/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/27/2015

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 63 year old female, who sustained an industrial injury on 10/29/2014. She reported a trip and fall, landing forward with arms extended. The injured worker was diagnosed as having sprain of neck and right shoulder strain. Treatment to date has included diagnostics, physical therapy, and medications. Magnetic resonance imaging of the right shoulder (11/20/2014) was submitted. Several documents within the submitted medical records were difficult to decipher. Currently, the injured worker complains of worsening bilateral shoulder complaints. Pain was rated 7/10. Work status was total temporary disability. The treatment plan included a right shoulder subacromial cortisone injection under ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Subacromial Cortisone Injection under ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, 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. A diagnosis of osteoarthritis has not been established. ODG supports shoulder steroid injection 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 joint injection. Therefore the request is not medically necessary.