

Case Number:	CM15-0094512		
Date Assigned:	05/20/2015	Date of Injury:	05/06/1999
Decision Date:	06/22/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/15/2015

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: California

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 70 year old male injured worker suffered an industrial injury on 05/06/1999. The diagnoses included right shoulder pain. The injured worker had been treated with medications. On 4/22/2015, the treating provider reported right shoulder pain with decrease in range of motion. He rated the pain as 3 to 6/10. The treatment plan included Right shoulder intra-articular joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder intra-articular joint injection under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic): Steroid injections. (2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Shoulder Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder.

Decision rationale: Regarding the request for shoulder injection, Chronic Pain Medical Treatment Guidelines support the use of a subacromial injection if pain with elevation significantly limits activity following failure of conservative treatment for 2 or 3 weeks. They go on to recommend the total number of injections should be limited to 3 per episode, allowing for assessment of benefits between injections. Official Disability Guidelines recommend performing shoulder injections guided by anatomical landmarks alone. Guidelines go on support the use of corticosteroid injections for adhesive capsulitis, impingement syndrome, or rotator cuff problems, which are not controlled adequately by conservative treatment after at least 3 months, when pain interferes with functional activities. Guidelines state that a 2nd injection is not recommended if the 1st has resulted in complete resolution of symptoms, or if there has been no response. Within the documentation available for review, there is no indication that the patient has undergone shoulder x-ray identifying glenohumeral arthritis to support the use of an intra- articular shoulder injection. Additionally, there is no documentation of failure of conservative treatment directed towards the patient's shoulders (strengthening and NSAIDs). As such, the currently requested shoulder injection is not medically necessary.