

Case Number:	CM14-0108370		
Date Assigned:	08/01/2014	Date of Injury:	12/21/2010
Decision Date:	09/02/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/11/2014

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. The expert reviewer is Board Certified in Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 44-year-old male who reported a heavy lifting injury on 12/21/2010. On 03/28/2014, his diagnoses included status post left shoulder strain, status post left shoulder arthroscopic superior labral anterior to posterior repair, status post arthroscopic subacromial decompression with Coracoacromial ligament release of the left shoulder, status post extensive arthroscopic glenohumeral debridement with inferior labral resection, synovectomy and partial subscapularis resection of the left shoulder, left rotator cuff tendinitis, type 2 diabetes mellitus x13 years, history of hypothyroidism, and history of renal insufficiency. The left shoulder range of motion was, forward flexion and abduction 0 to 170 degrees and tenderness at the left AC joint. The internal rotation was 88 degrees and external rotation was 90 degrees. The neurovascular and circulatory status of the upper extremities were found to be intact and handgrip strength was 40 kg on the right and 32 kg on the left. His medications included metformin 850 mg, Januvia 100 mg, glipizide 10 mg, Synthroid 100 micrograms, metoprolol 50 mg, lisinopril 10 mg, aspirin 81 mg, and hydrochlorothiazide and Lipitor of unknown dosages. On 05/14/2014, he complained that the change in the weather was bothering his left shoulder and he had mild symptomology with some tendinitis at the left rotator cuff. On 06/11/2014, he had further complaints of left shoulder pain with tenderness at the AC joint. The rationale stated that the patient can be benefited by a corticosteroid injection in the left AC joint. He had point tenderness at the AC joint. In that visit, it was noted that this worker was receiving Norco, omeprazole, tramadol, and Soma of unknown dosages. He reported that the medications had really helped him and he was doing much better in trying to exercise the left upper extremity more. The diagnosis on that date was significant degenerative joint disease of the AC joint of the left shoulder. A Request for Authorization dated 06/14/2014 was included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Depo-Medrol Injection- Left Shoulder , Left Long Head Biceps x2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Steroid Injection.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Steroid Injections.

Decision rationale: California ACOEM Guidelines recommend subacromial injection of local anesthetic in a corticosteroid may be indicated after failure of conservative therapy, including strengthening exercises and nonsteroidal anti-inflammatory drugs. The total number of injections should be limited to 3 per episode, allowing for assessment of benefit between injections. The Official Disability Guidelines note that steroid injections, compared to physical therapy, seem to have a better initial, but worse long term outcome. Among the criteria for steroid injections are that the individual must have a diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems, that the symptoms were not adequately controlled by conservative treatments including physical therapy and exercise, NSAIDs or Acetophenamin after at least 3 months, that pain interferes with functional activities, that the injections are intended for short term control of symptoms to resume conservative medical management, and that only 1 injection should be scheduled to start, rather than a series. There was no documentation submitted that this worker had attended any physical therapy sessions, results of his exercise program, or had he tried NSAIDs or Acetophenamin for at least 3 months prior to the proposed injection. This worker has a diagnosis of diabetes and is taking 3 medications for his diabetes. That should be taken into account when considering using a corticosteroid, since corticosteroids can have an effect on blood sugar levels. Additionally, the request is for 2 corticosteroid injections and the guidelines clearly state that only 1 injection should be scheduled to start. The clinical information submitted fails to meet the evidence based guidelines for corticosteroid injections. Therefore, this request for Depo-Medrol Injection- Left Shoulder, Left Long Head Biceps x2 is not medically necessary.