

Case Number:	CM13-0014697		
Date Assigned:	01/10/2014	Date of Injury:	05/05/2011
Decision Date:	10/01/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/21/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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:

This is a 39-year-old female with a 5/5/11 date of injury; the mechanism of the injury was not described. The patient was seen on 5/7/13 with complaints of 7-8/10 cervical spine pain, 7-8/10 headaches and 9/10 right shoulder pain. The pain in the arm was constant, sharp and was associated with numbness, tingling and radiated down into the biceps. The examination of the right shoulder revealed: flexion 80/180 degrees, extension 30/50 degrees, abduction 85/180 degrees, adduction 20/50 degrees, internal rotation 90/90 degrees and external rotation 80/90 degrees. The patient was seen on 7/23/13 with complaints of 8/10 constant, sharp, achy right shoulder pain and 7/10 cervical spine pain. Exam findings revealed weight 291 pounds, blood pressure 140/101 and pulse 83. The remaining of notes was handwritten and somewhat illegible. The diagnosis is cervical sprain/strain; right upper extremity paresthesias, migraine headaches and right shoulder impingement. Treatment to date includes cervical steroid injections, medications, occipital nerve blocks and work restrictions. An adverse determination was received on 8/9/13 given that the clinical findings did not appear to support the medical necessity for the treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT RT SHOULDER SUBACROMIAL CORTISONE INJECTION (PART 2 OF 4): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter

Decision rationale: CA MTUS does not address this issue. ODG states that for rotator cuff disease, corticosteroid injections may be superior to physical therapy interventions for short-term results, and a maximum of three are recommended. If pain with elevation is significantly limiting activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy (i.e., strengthening exercises and NSAIDs) for two to three weeks, but the evidence is not yet overwhelming, and the total number of injections should be limited to no more than three. The request was for an outpatient right shoulder subacromial cortisone injection part 2 of 4. Although the patient had pain, numbness and restricted range of motion on the physical examination, there is a lack of documentation indicating subjective and objective functional gains from the previous injection. In addition, there is no clear rationale with regards to the request. Therefore, the request for an outpatient right shoulder subacromial cortisone injection part 2 of 4 was not medically necessary.