

Case Number:	CM13-0017442		
Date Assigned:	09/26/2013	Date of Injury:	07/17/2008
Decision Date:	01/16/2014	UR Denial Date:	07/12/2013
Priority:	Standard	Application Received:	08/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in New York and Texas. 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 physician 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 patient is a 64-year-old female who sustained a work-related injury on 07/17/2008. The clinical information indicates the patient has a history of left upper extremity pain and is status post stellate ganglion block. The most recent evaluation dated 09/10/2013 documented subjective reports of increased range of motion of the left shoulder and left thumb pain rated 06/10. Physical examination revealed continued left upper extremity weakness, limited range of motion of the left wrist, mild swelling of the left arm with sensitivity to touch, and positive Tinel's. Treatment plan included continuation of the same medication regimen and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

A left subacromial injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205..

Decision rationale: CA MTUS/ACOEM Guidelines recommend subacromial injections if pain with elevation significantly limits activities, but only after conservative therapy to include

strengthening exercises and NSAIDs for 2 to 3 weeks. The clinical information submitted for review lacks documentation to indicate the patient has exhausted and failed all lower levels of conservative care. Additionally, there are subjective reports of good pain relief status post stellate ganglion block. There is no indication the patient's current pain medication regimen is not providing sufficient efficacy or that the pain is causing functional deficit. The request for a left subacromial injection is not medically necessary and appropriate.