

Case Number:	CM13-0021640		
Date Assigned:	12/11/2013	Date of Injury:	09/12/2012
Decision Date:	01/17/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/09/2013

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 California, 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 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.

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 45-year-old who reported a work-related injury on 09/12/2012 as result of a fall. Subsequently, the patient presents for treatment of left shoulder pain. The clinical note dated 08/27/2013 reports the patient was seen under the care of [REDACTED] for continued pain complaints; aside from the patient's left shoulder complaints, the patient presents for treatment of additional diagnoses, low back sprain and strain, herniated nucleus pulposus lumbar spine, lumbar spine sciatica, left hip contusion, cervical spine sprain, and herniated nucleus pulposus cervical spine. The provider documents upon physical exam of the patient's left shoulder impingement testing remains positive. However, bilaterally, the patient had full range of motion throughout the shoulders. Motor strength was also within normal limits. The provider recommended the patient be seen by pain management for lumbar and cervical epidural steroid injections. The patient was rendered prescriptions for Flexeril, naproxen, gabapentin, dextromethorphan, and Protonix.

IMR ISSUES, DECISIONS AND RATIONALES

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

left shoulder subacromial space injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous Electrical Nerve Stimulation) Page(s): 114-11.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

Decision rationale: The current request is not supported. The clinical notes evidence the patient presents with multiple pain complaints status post a work-related injury sustained on 09/12/2012. The clinical documentation submitted for review lacked evidence of the patient presenting with significant left shoulder objective findings of symptomatology. The patient had full range of motion and full motor strength about the shoulder. In addition, the clinical notes failed to evidence any official imaging of the left shoulder to support any specific pathology indicative of an injection. The provider documents the patient had a positive impingement sign. Furthermore, the clinical notes lacked evidence of the patient having utilized active treatment modalities for any shoulder complaints. California MTUS/ACOEM indicate, "Invasive techniques have limited proven value. If pain with elevation significantly limits activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy..." Given all of the above, the request for left shoulder subacromial space injection is not medically necessary or appropriate.