

Case Number:	CM13-0022894		
Date Assigned:	11/15/2013	Date of Injury:	07/18/2012
Decision Date:	02/04/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/11/2013

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 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. 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 61-year-old male who reported injury on 07/18/2012. The mechanism of injury was stated to the patient was transporting inmates and an inmate acted like they were falling over and when the patient went to help them, the inmate attacked the guard. Clinical documentation indicated that the physician opined the patient had what appeared to be an impingement syndrome with bursitis and as such that was the request for the injection. The patient was noted to have a positive impingement test with tenderness over the superior lateral aspect of the shoulder in the rotator cuff bursa. The patient was noted to have tenderness over the rotator cuff and the corticosteroid injection was to abate the issue. The patient was noted to have conservative care of therapy, medications, and rest. The diagnosis was noted to include other affections of the shoulder region not elsewhere classified. The request was made for injections left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for Injections Left Shoulder: Upheld

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

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

Decision rationale: ACOEM Guidelines recommend a corticosteroid injection into the subacromial bursa. Clinical documentation submitted for review indicated that, the patient had objective findings of impingement syndrome and the physician had requested a corticosteroid injection that was previously approved. This request per the physician was for an extension of a previous request. However, per the submitted request, it is for injections and there is a lack of documentation indicating the necessity for more than 1 injection. Given the above, the request for injections left shoulder is not medically necessary.