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| Case Number: | CM13-0024331 | | |
| Date Assigned: | 11/20/2013 | Date of Injury: | 10/14/2006 |
| Decision Date: | 01/28/2014 | UR Denial Date: | 08/14/2013 |
| Priority: | Standard | Application Received: | 09/13/2013 |

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 underlying date of injury in this case is 10/14/2006. The primary diagnosis is 718.01. This patient has reported ongoing lumbar spine pain radiating down both legs to the feet. As of 08/01/2013, the patient also reported right shoulder pain and 5/10 with throbbing and stabbing pain with numbness and tingling. The patient was diagnosed with a right shoulder impingement and right subacromial and subdeltoid bursitis and right bicipital tendinitis. An initial physician review noted that the medical records did not document conservative therapy prior to this treatment. Therefore, that reviewer recommended non-certification of this request. A review of the medical records indicates that at least as far back as 06/21/2012 an orthopedic followup report noted the diagnosis of right shoulder pain which at that time was responding well to acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Subacromial steroid injection right shoulder: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2008), Injections, pages 561-563

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

Decision rationale: ACOEM Guidelines, Chapter 9 Shoulder, page 204, recommends "methods of symptom control for patients with shoulder complaints...Impingement syndrome: corticosteroid injection into subacromial bursa." The guidelines, therefore, do support the requested treatment for an impingement syndrome. A prior physician review indicated that the patient had not had a prior trial of conservative therapy. In the larger picture, this shoulder pain is not acute but rather had been present for a considerable period of time during which the patient underwent multidisciplinary treatment. Therefore, the patient does meet the guidelines for the requested injection. This treatment is medically necessary.