

Case Number:	CM13-0028615		
Date Assigned:	11/27/2013	Date of Injury:	01/21/2013
Decision Date:	02/19/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/25/2013

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 Family Practice and is licensed to practice in 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 32-year-old male who reported a work related injury on 01/21/2013, as a result of a fall. The patient subsequently presents for treatment of the following diagnoses, cervicgia, cervical musculoskeletal strain, right greater tuberosity fracture, ulnar neuropathy of the right upper extremity, and posttraumatic impingement syndrome of the right shoulder. Clinical note dated 07/12/2013 reports the patient was seen in clinic under the care of [REDACTED]. The provider documents the patient presents with continued right upper extremity pain and associated tingling and numbness. The provider documents the patient utilizes oxycodone for a previous injury to the cervical spine which is effective for his right shoulder pain complaints. However, the patient experiences increasing pain and flare ups with abduction of the shoulder as well as forward flexion of the shoulder. The provider documents the patient states his entire arm goes numb intermittently from the shoulder to the hand. The provider documents electro diagnostic studies previously performed on 05/10/2013 showed moderate to severe right ulnar neuropathy at the Guyon's canal. Upon exam of the right shoulder, AC joint was nontender, the patient was able to flex the shoulder to 120 degrees, abduct to 100 degrees, externally rotation to 80 degrees, internally rotation to 60 degrees. The provider documented the patient reports tenderness intertubercular sulcus anteriorly with positive speed and negative O'Brien's testing. The patient had a mildly positive impingement and Hawkins test. The strength about the shoulder was 5/5. The provider documents request for shoulder injection of Kenalog, Marcaine, and lidocaine. The patient has completed a course of physical therapy interventions which were ineffective for increasing his range of motion and decreasing his pain complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection with Kenalog, Lidocaine and Marcaine on right shoulder: Overturned

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): 204.

Decision rationale: The current request is supported. The clinical notes document the patient has exhausted lower levels of conservative care for his right shoulder pain complaints status post a work related injury sustained in 01/2013. The patient has utilized oral anti-inflammatory, a course of physical therapy interventions, as well as activity modification without resolve of his symptomatology. California MTUS/ACOEM indicates, if pain with elevation significantly limits activities, a subacromial of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy to include strengthening exercises and anti-inflammatory for 2 to 3 weeks. Given the patient has attempted exhaustion of lower levels of conservative treatment for his right shoulder symptomatology without resolve of his pain complaints or increase in function about the right shoulder, the request for injection with Kenalog, lidocaine and Marcaine on right shoulder is medically necessary and appropriate.