

Case Number:	CM13-0034012		
Date Assigned:	12/06/2013	Date of Injury:	09/04/2011
Decision Date:	02/06/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/11/2013

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 and Rehabilitation, and is licensed to practice in Oklahoma 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 41-year-old male who reported an injury on 09/04/2011. The patient is diagnosed with left shoulder adhesive capsulitis, major depressive disorder, chronic pain, brachial plexus lesion, cervical degenerative joint disease, and cervical radiculitis. The patient was seen by [REDACTED] on 10/23/2013. Physical examination revealed diminished range of motion; tenderness throughout the shoulder anteriorly, laterally, and posteriorly; and 2+ radial pulses. Treatment recommendations included an MRI of the shoulder and a consultation with a spine specialist for epidural steroid injections and other non-operative treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided left shoulder injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ultrasound Diagnostic Shoulder

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Steroid injections

Decision rationale: California MTUS/ACOEM Practice Guidelines state 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 for 2 to 3 weeks. As per the clinical notes submitted, the patient's physical examination is not consistent with adhesive capsulitis. There is no mention of focal tenderness, positive orthopedic testing, or range of motion measured in degrees. There is also no evidence of a recent failure to respond to aggressive conservative treatment including strengthening exercises and non-steroidal anti-inflammatory drugs for 2 to 3 weeks. Based on the clinical information received, the patient does not currently meet criteria for an ultrasound-guided left shoulder injection. Therefore, the request is non-certified.

Cervical Epidural Steroid Injection C6-7: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: California MTUS Guidelines states epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other rehab efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Patients should prove initially unresponsive to conservative treatment. As per the clinical notes submitted, there is no documentation of a neurological deficit upon physical examination. There was also no evidence of radiculopathy corroborated by imaging study or electrodiagnostic testing. There is no evidence of a failure to respond to recent conservative treatment nor is there evidence of this patient's active participation in physical therapy to be used in conjunction with injection therapy. Based on the clinical information received, the request is non-certified.

Orthopedic Spine Consultation for Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 180 and 209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the clinical notes submitted, the patient has been previously seen by an orthopedic surgeon. There is no evidence that the patient is currently a surgical candidate. Additionally, there is no evidence of any clinically evident radiculopathy or red flags. Based on the clinical information received, the request is non-certified.