

Case Number:	CM13-0035839		
Date Assigned:	12/13/2013	Date of Injury:	07/24/2009
Decision Date:	03/06/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/18/2013

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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:

Patient is a 60 year old female. On 07/24/2009, patient had a work injury when she stood up to take Tylenol for her headaches when her right foot got caught on the chair, throwing her across the walkway under someone else's desk. The patient states that she lost consciousness for a couple of minutes. She experienced neck pain, low back pain, left shoulder pain, left elbow pain, and left hip pain following the fall. Chronic left shoulder pain. Primary treating physician's progress report dated 08/14/13 states that the claimant continues to have problems in the left shoulder, and the top of the shoulder causing quite a bit of pain especially when the claimant drives.

IMR ISSUES, DECISIONS AND RATIONALES

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

referral back to [REDACTED] for a left shoulder injection: 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 ACOEM Chapter 9 Shoulder Complaints
Page(s): 198,210, 212.

Decision rationale: Referral back to [REDACTED] Ortho for left shoulder injection is not medically necessary as written per MTUS guidelines. Recommendations for injections is not indicated without clear documentation of how many injections patient has had in past and also clinical documentation that supports additional injection. This patient has had shoulder surgery with revision. It would be reasonable due to her chronic shoulder pain to have a follow up with her orthopedic surgeon. However, the request as written specifically states referral back to [REDACTED] [REDACTED] for left shoulder injection is not medically necessary.