

Case Number:	CM13-0036883		
Date Assigned:	03/21/2014	Date of Injury:	01/26/2011
Decision Date:	07/08/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation 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 expert 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 injured worker is a 51-year-old female who reported an injury on January 26, 2011 with the mechanism of injury not cited within the documentation provided. In the clinical note dated October 8, 2013, the injured worker complained of continued left shoulder pain without improvement. It was noted that she was awaiting left shoulder arthroscopy, spine surgery, and therapy. It was also noted that she had been having nausea with the pain medication Tramadol. In the physical examination of the left shoulder, it revealed a positive Neer's test, a positive Hawkins test, a negative O'Brien's test, a negative Speeds test, positive greater tuberosity tenderness, a negative AC joint compression test, a positive crossover test, and a negative apprehension test. It was noted that the neurovascular status was intact. The range of motion of the left shoulder was annotated as normal. The diagnoses included low back pain, radiculopathy of the left shoulder extremity, a herniated disc lumbar spine, a left shoulder strain, left shoulder impingement syndrome, partial rotator cuff tear of the left shoulder, and depression. The treatment plan included a new prescription for Nucynta 50 mg and refills of Diclofenac, Omeprazole, Ondansetron, and a follow-up at 1 month for re-evaluation. There were no prior treatments annotated within the clinical note. The request for authorization for retrospective left shoulder injection in subacromial space 1 cc Lidocaine/1 cc Kenalog, with rationale was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE LEFT SHOULDER INJECTION IN SUBACROMIAL SPACE 1-CC LIDOCAINE/1CC KENALOG, DOS: 9/30/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation INVASIVE TECHNIQUES, ACOEM GUIDELINES, 204.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 221-214.

Decision rationale: The request for retrospective left shoulder injection in subacromial space 1 cc Lidocaine/1 cc Kenalog is not medically necessary. The California MTUS American College of Occupational and Environmental Medicine (ACOEM) guidelines state that two or three subacromial injections of local anesthetic and cortisone preparation over an extended period; as part of an exercise rehabilitation program, can be used to treat rotator cuff inflammation, impingement syndrome, or small tears. The guidelines state that injections are not recommended for prolonged or frequent use of cortisone injections into the subacromial space or the shoulder joint. In the clinical note provided for review, there is insufficient evidence of documentation for the indication of a left shoulder injection to the subacromial space. The documentation indicated that the injured worker had normal range of motion with no functional deficits. There is also a lack of documentation of the injured worker having concurrent physical therapy as an adjunct for the request of the subacromial left shoulder injection. Therefore, the request for retrospective left shoulder injection in subacromial space 1 cc Lidocaine/1 cc Kenalog is not medically necessary.