

Case Number:	CM13-0037270		
Date Assigned:	06/11/2014	Date of Injury:	05/29/2011
Decision Date:	08/04/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	09/27/2013

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 Emergency Medicine, 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 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:

This is a patient with a date of injury of 5/29/11. There is no mechanism of injury listed in the medical records provided for review. The patient has a diagnosis of left shoulder strain with partial rotator cuff tear and thoracic sprain/strain with myospasms. Medical records from the primary treating physician and consultants were reviewed. The patient complains of persistent left shoulder pain, as well as worsening pain and stiffness. Pain worsens with use, and is rated at 6-7/10. The patient also complains of low back pain due to the left shoulder giving her difficulty vacuuming. Objective exam reveals tenderness to palpation at supraspinatus tendon and AC joint. There is reduced range of motion in all planes. There are palpable trigger points in the left upper trapezius. Review of prior visits showed better range of motion. Ultrasound of bilateral shoulders done on 8/22/12 reveals a left partial thickness rotator cuff tear (supraspinatus); the right shoulder was normal. The patient had previously received left shoulder cortisone shots on 1/14/13; the response was not documented. The patient had participated in acupuncture and physical therapy, but the number of sessions and when they took place were not provided. No medication list was provided, but the patient is reportedly on Dendracin and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

One left shoulder subacromial injection under ultrasound guidance: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 204, 213.

Decision rationale: As per the ACOEM guidelines, shoulder subacromial injection can be recommended after three or more weeks of exercise and therapy with no improvement. There should be a limit to less than three injections per session. The patient has had one prior shot months prior with some improvement. The patient had improving range of motion and decreased pain several visits prior to procedure request on 8/30/13. Exam and history shows worsening pain and range of motion. Documentation by treating physician supports the use of subacromial injection as a plan for physical therapy and to return patient back to work and more activity. As such, the request is medically necessary.