

Case Number:	CM13-0042604		
Date Assigned:	12/27/2013	Date of Injury:	05/29/2012
Decision Date:	04/28/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/30/2013

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 ; Pain Management has a subspecialty in Interventional Spine 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 44 year-old female with a 5/29/12 industrial injury claim. She has been diagnosed with right shoulder internal derangement; right shoulder sprain; cervical disc displacement, strain and insomnia. According to the 8/6/13, interventional pain management report, by [REDACTED], the patient presents with 3-4/10 right shoulder and neck pain, and loss of sleep due to pain. [REDACTED] dispensed hydrocodone 5/500; omeprazole; and prescribed tramadol ER; cyclobenzaprine; and some compounded topicals. He recommended a UDT, FCE, shockwave therapy, and a right shoulder subacromial bursa injection under fluoroscopy and IV sedation, and to continue acupuncture. UR denied this on 9/25/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT INJECTION TO THE RIGHT SHOULDER AND RIGHT SUBACROMIAL BURSA UNDER FLUOROSCOPY AND IV SEDATION WITH ARTHROGRAM: 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); Shoulder Chapter, Steroid Injection.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG);Shoulder chapter online for Steroid Injections.

Decision rationale: According to the 8/6/13, interventional pain management report, by ■■■■■, the patient presents with 3-4/10 right shoulder and neck pain, and loss of sleep due to pain. The request is for an injection to the right shoulder subacromial bursa under fluoroscopy guidance and IV sedation. There was no description of what was to be injected into the shoulder. ODG guidelines list several different types of injections. MTUS/ACOEM has support for steroid injections after conservative therapy, but was not specific so ODG guidelines were consulted for details. ODG gives specific diagnoses for steroid injections including: "adhesive capsulitis, impingement syndrome, or rotator cuff problems, except for post-traumatic impingement of the shoulder;" ■■■■■ lists the diagnosis as right shoulder internal derangement. The patient may or may not meet that ODG requirement for an injection. However, there is no need for IV sedation or fluoroscopy guidance. ODG states these injections are performed without fluoroscopic or ultrasound guidance. The request is not in accordance with ODG guidelines.