

Case Number:	CM13-0043954		
Date Assigned:	12/27/2013	Date of Injury:	11/01/2012
Decision Date:	04/28/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/31/2013

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 Orthopedic Surgery and is licensed to practice in Georgia 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 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 patient is a 51-year-old male who reported an injury on November 01, 2012. The mechanism of injury was noted to be a fall. The patient was diagnosed with sprain of neck. The patient reported he had been gradually feeling more ease of movement at his neck and shoulders during physical therapy up until October 19, 2013 when a car accident happened and flared up his neck and back conditions. The patient was noted to have a decrease in active range of motion of the cervical spine and shoulder. His medical treatment included physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL SHOULDER CORTISONE INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.

Decision rationale: According to the California ACOEM Guidelines 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 (strengthening exercises and nonsteroidal antiinflammatory drugs) for 2 to 3 weeks. The

evidence supporting such an approach is not overwhelming. The total number of injections should be limited to 3 per episode, allowing for assessment of benefit between injections. The documentation submitted for review indicated the patient has made some progress with physical therapy, improved cervical, shoulders, and lumbar active range of motion, improved exercise tolerance, and slightly improved functional tolerance; however, the documentation failed to provide evidence of pain with elevation. Therefore, the request is not supported. Given the above, the request for bilateral shoulder cortisone injection is non-certified.