MAXIMUS Federal Services

Case Number:	CM13-0049776		
Date Assigned:	12/27/2013	Date of Injury:	05/27/2008
Decision Date:	05/21/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/08/2013

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 Pennsylvania. 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 56-year-old male who sustained an injury in 2008 while lifting heavy bags. Previous treatment to the left shoulder appeared to have included injections, physical therapy, medications, arthroscopic rotator cuff repair and distal clavicle resection on 01/30/13. There was also documentation of cervical radiculopathy at C7. Please note that the previous surgical procedure did not include the rotator cuff repair and there was extensive debridement of the anterior labrum, acromioplasty and distal clavicle resection. However, an MRI on 10/14/11 did demonstrate tendinopathy and longitudinal tearing of the biceps tendon.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SHOULDER INJECTION BICIPTAL GROOVE X 1: Overturned

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.

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

Decision rationale: Given the persistence of the shoulder complaints, given the concomitant radicular complaints, it is reasonable to inject the bicipital groove as both a diagnostic and therapeutic maneuver. It can difficult to delineate whether symptoms are emanating from the

shoulder and/or neck. However, selective injections can provide good insight to direct future care. It is for this reason the bicipital sheath injection is indicated and appropriate.