

Case Number:	CM13-0050328		
Date Assigned:	12/27/2013	Date of Injury:	12/06/2005
Decision Date:	03/11/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	11/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 physician 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 59-year-old male who reported an injury on 12/06/2005. The patient is diagnosed with bilateral knee degenerative arthritis, left elbow lateral epicondylitis, left wrist mass, right shoulder subacromial bursitis and impingement syndrome, right shoulder arthralgia, right shoulder Superior Labrum Anterior and Posterior (SLAP) lesion, right shoulder full thickness rotator cuff tear, right knee ACL tear, bilateral knee chondromalacia patella, left wrist de Quervain's syndrome, bilateral wrist carpal tunnel syndrome, left shoulder bursitis and impingement, left shoulder AC symptoms, questionable nondisplaced proximal radius fracture, and cervical radiculopathy. The patient was seen by [REDACTED] on 11/26/2013. The patient reported 8/10 right shoulder pain, 7/10 left shoulder pain, 8/10 right knee pain, 7/10 left knee pain, and 5/10 wrist, forearm, and elbow pain. Physical examination of bilateral shoulders revealed positive tenderness in the AC joint, positive subacromial bursitis, positive impingement testing, intact sensation, and decreased strength. Treatment recommendations included a right shoulder subacromial and right knee intra-articular corticosteroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder subacromial corticosteroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state invasive techniques have limited proven value. Official Disability Guidelines state criteria for steroid injections includes the diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems. As per the documentation submitted, the patient does maintain a diagnosis of impingement syndrome in bilateral shoulders. However, there is no evidence of a recent failure to respond to conservative treatment including physical therapy, exercise, NSAIDS, or acetaminophen. There is also no evidence of pain that has interfered with functional activities. The patient was previously administered a shoulder subacromial corticosteroid injection by [REDACTED] on 08/06/2013. There was no documentation of a complete resolution of symptoms. Based on the clinical information received, the request is non-certified.