

Case Number:	CM13-0052364		
Date Assigned:	12/27/2013	Date of Injury:	03/20/2013
Decision Date:	03/10/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/15/2013

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 Orthopedic Surgery, 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 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:

According to the records made available for review, this is a 55-year-old male with a 6/20/03 date of injury. At the time of request for authorization for Subacromial injection into the right shoulder and Second opinion with an orthopedic spine surgeon for the right shoulder, wrist, and thoracic spine, there is documentation of subjective (neck pain, right arm pain, bilateral shoulder pain, bilateral hand pain, bilateral leg pain, and bilateral hip pain) and objective (reduced range of motion in the bilateral shoulders, tenderness in the trapezius muscles, rhomboids, and T3-T6 spinous processes, and reduced range of motion in the thoracic spine) findings, imaging findings (MRI Right Shoulder (5/28/13) report revealed arthrosis of the acromioclavicular joint with fluid within the acromioclavicular joint, supraspinatus tendon partial tear, increased signal in the anterior labrum suggestive of a tear, and three 1 mm cysts in the posterior aspect of the humeral head), current diagnoses (right shoulder impingement syndrome, right carpal tunnel syndrome, thoracic strain sprain, sprain of wrist, sprain of shoulder, and rotator cuff sprain), and treatment to date (activity modification and medications). 10/7/13 medical report indicates a request for second opinion Spinal Consultation with [REDACTED] and subacromial injection into the right shoulder. There is no documentation of pain with elevation that significantly limits activities, additional conservative therapy (strengthening exercises), and a rationale that diagnostic and therapeutic management has been exhausted within the treating physician's scope of practice.

IMR ISSUES, DECISIONS AND RATIONALES

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

Subacromial injection into the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers' Compensation (TWC), Pain Summary.

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, Steroid Injections.

Decision rationale: MTUS reference to ACOEM guidelines state that if pain with elevation significantly limits activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy (i.e. strengthening exercises and nonsteroidal anti-inflammatory drugs) for two to three weeks. Additionally, the total number of injections should be limited to three per episode, allowing for assessment of benefit between injections. ODG states that there is limited research to support the routine use of subacromial injections for pathologic processes involving the rotator cuff, but this treatment can be offered to patients. Within the medical information available for review, there is documentation of bilateral shoulder pain and conservative treatment (medications). However, there is no documentation of pain with elevation that significantly limits activities and additional conservative therapy (strengthening exercises). Therefore, based on guidelines and a review of the evidence, the request for Subacromial injection into the right shoulder is not medically necessary.

Second opinion with an orthopedic spine surgeon for the right shoulder, wrist, and thoracic spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-Treatment for Workers' Compensation (TWC) - Pain Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: MTUS reference to ACOEM states that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Within the medical information available for review, there is documentation of right shoulder impingement syndrome, right carpal tunnel syndrome, thoracic strain sprain, sprain of wrist, sprain of shoulder, and rotator cuff sprain. However, given documentation of an associated request for therapeutic management (subacromial injection into the right shoulder), there is no documentation that diagnostic and therapeutic management has been exhausted within the treating physician's scope of practice. Therefore, based on guidelines and a review of the evidence, the request for Second opinion with an orthopedic spine surgeon for the right shoulder, wrist, and thoracic spine is not medically necessary.

