

Case Number:	CM13-0055687		
Date Assigned:	12/30/2013	Date of Injury:	10/06/2010
Decision Date:	05/19/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/21/2013

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 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:

The claimant is a 40-year-old female who injured her left shoulder and neck in a work-related accident on 1/6/10. The claimant's cervical spine has been treated with physical therapy, two prior epidural steroid injections, and a sympathetic ganglion blockade. The clinical assessment of 9/16/13 noted chief complaints of cervical pain with numbness and weakness radiating to the upper extremities to the level of the shoulder and arms. There were secondary complaints of headaches and blurred vision. Physical examination findings on that date showed allodynia to the left upper extremity with blanching and mottling to the left arm. Physical examination findings of the shoulder were not noted. There is no specific documentation of prior imaging to the shoulder noted. The recommendation was made for an intra-articular diagnostic injection for the shoulder, to be performed under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1ST LEFT SHOULDER INTRA-ARTICULAR INJECTION UNDER FLUROSCOPY:

Upheld

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

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

Decision rationale: The California ACOEM Guidelines do not support the request for the injection for the left shoulder. First and foremost, the claimant's clinical presentation is consistent with neck pain as well as a neurologic process to the left upper extremity. The medical records provided for review do not identify a specific shoulder diagnosis, imaging studies to identify pathology in the shoulder, or physical examination finding that would specifically indicate the need for an injection in the shoulder. The lack of this documentation would fail to necessitate the intra-articular fluoroscopy guided injection procedure being requested.