

Case Number:	CM13-0056682		
Date Assigned:	12/30/2013	Date of Injury:	11/16/2011
Decision Date:	05/20/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/22/2013

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, a 45-year-old female, sustained an injury to the right shoulder on 11/16/11. The clinical records provided for review include a progress report dated 10/30/13 for the follow-up of right shoulder complaints, with the notation that a recent injection did not provide any specific benefit. The objective documentation on examination showed restricted shoulder range of motion, positive Neer and Hawkins testing, no pain over the acromioclavicular (AC) joint, and no documented weakness. The diagnosis at that time was a bilateral rotator cuff tendinosis and impingement. Recommendations made were for a series of lumbar epidural steroid injections, continuation of medication management, and a one (1) month follow-up for reassessment. The review of the prior assessment on 10/02/13 documented that the claimant underwent an ultrasound guided right shoulder subacromial injection for complaints of impingement. This review is to determine the medical necessity of the injection performed on that date.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SHOULDER SUBACROMIAL SPACE INJECTION 10CC LIDOCAINE 1CC KENALOG: Overturned

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

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

Decision rationale: The MTUS/ACOEM Guidelines indicate that invasive techniques have limited proven value. The Guidelines also indicate that if pain with elevation significantly limits activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy, such as strengthening exercises and non-steroidal anti-inflammatory drugs for two to three (2-3) weeks. The evidence supporting such an approach is not overwhelming. The total number of injections should be limited to three (3) per episode. The medical records describe that the claimant's clinical presentation is consistent with positive impingement findings. There is also no documentation that the claimant has received a recent injection of the shoulder. Therefore, based upon the ACOEM Guidelines, the subacromial injection was medically necessary.