

Case Number:	CM13-0057830		
Date Assigned:	12/30/2013	Date of Injury:	10/02/2011
Decision Date:	04/10/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/26/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 patient is a 54-year-old female who reported an injury on 10/02/2011. The progress note dated 11/29/2013 indicated the patient reported that she felt like the pain was radiating from the low back to the thoracic spine between her shoulder blades. The patient reported that she felt her pain had been increasing. The patient reported her pain to be at an 8/10 to 9/10 with medications or a 10/10 without medications. The patient reported that she had dizziness with position change and when lying supine. The patient's medications included buspirone 150 mg every 12 hours, Flexeril 10 mg at bedtime, ibuprofen 800 mg 3 times a daily, levothyroxine 125 mcg, Neurontin 300 mg 2 times a daily and Norco 10/325 four times a daily. Upon examination of the neck there was tenderness to palpation at the left occiput trapezius insertion. There was tenderness to palpation at C2-6 with paraspinal tension. Range of motion was flexion at 30 degrees and extension at 10 degrees. The thoracic spine had multiple process tenderness with paraspinal tension and tenderness to palpation. The lumbar spine had tenderness to palpation at L1-S2 with bilateral SI joint tenderness resulting in paresthesias induction. The range of motion of the shoulders were abduction at 90 degrees bilaterally, flexion at 85 degrees bilaterally, extension of 40 degrees bilaterally. External rotation was 85 degrees on the right and 75 degrees on the left and internal rotation was 70 degrees bilaterally. There was tenderness to palpation over the deltoid and upper trapezius with spasm noted. The AC joint had tenderness to palpation bilaterally. The diagnoses provided were ganglion of joint; cervicobrachial syndrome (diffuse); other affections of shoulder region not elsewhere classified; cervicalgia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient right shoulder subacromial injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 212-213.

Decision rationale: The request for right shoulder subacromial injection is non-certified. The California MTUS/ACOEM state that 2 or 3 subacromial injections of local anesthetic or cortisone preparation over an extended period as part of an exercise rehabilitation program to treat rotator cuffs inflammation, impingement syndrome, or small tears is recommended. The records provided for review failed to include documentation of rotator cuff inflammation, impingement syndrome, or a small tear. As such, the request for an outpatient right shoulder subacromial injection is not supported. Therefore, the request is non-certified.