

Case Number:	CM13-0058356		
Date Assigned:	12/30/2013	Date of Injury:	03/05/2013
Decision Date:	03/24/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/26/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 60-year-old male with date injury of 03/05/2013. The listed diagnoses per [REDACTED] dated 10/24/2013 are: status post left distal radius fracture with slight shortening and ulnar impingement, left wrist mild carpal tunnel syndrome, right wrist strain with ulnar impingement left shoulder bursitis/impingement, left shoulder symptomatic, AC DJD, history of a closed head trauma with CSF leakage, left shoulder SLAP lesion, left wrist TFCC tear, and left distal radial fracture. According to progress report dated 10/24/2013 by [REDACTED], the patient complains of left shoulder and bilateral wrist pain. He rates his pain a 4/10 to 5/10 on the pain scale. Physical examination of the left shoulder shows flexion to 100 degrees, abduction 180. There is mild pain in the AC joint with cross arm testing and direct palpation, and positive subacromial bursitis and impingement. Strength is 4+/5 for flexion, abduction, external rotation, internal rotation, adduction, and extension. MRI findings dated 10/01/2013 for the left shoulder shows superior labrum is consistent with SLAP lesion. Glenohumeral degenerative change is evident with degenerative spurring, edema and cystic change seen most pronounced in the posterior glenoid subjacent to the labral tearing. Mild to moderate tendinosis is seen with subacromial/subdeltoid bursitis without full thickness tear or retraction teres minor muscle atrophy and fatty infiltration is evident. Treating physician is requesting 1 left shoulder corticosteroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

one (1) left shoulder corticosteroid injection on 10/24/2013: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 213.

Decision rationale: ACOEM Guidelines, page 213 states that 2-3 subacromial injections of local anesthetic and cortisone preparations is recommended over an extended period as part of an exercise rehabilitation program to treat rotator cuff inflammation, impingement syndrome, or small tears. Criteria include a diagnosis of adhesive capsulitis, impingement syndrome or rotator cuff problems, not controlled adequately by recommended conservative treatments for at least 3 months and pain that interferes with functional activities, intended for short term control of symptoms and intention to resume conservative medical management. The number of injection should be limited to 3. Review of reports from 07/29/2013 to 10/24/2013 do not show any recent left shoulder injections. Physical therapy report dated 08/19/2013, documents that the patient received 30 minutes of therapeutic exercise protocol for the cervical spine and the shoulder. In this case, the patient has utilized conservative treatment including physical therapy with persistent symptoms. Given the diagnosis of impingement syndrome, the request for 1 left shoulder corticosteroid injection is warranted at this time. Therefore, the request is for authorization.