MAXIMUS Federal Services

Case Number:	CM13-0058776		
Date Assigned:	12/30/2013	Date of Injury:	10/01/2008
Decision Date:	04/03/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/27/2013

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 Family Practice, and is licensed to practice in Texas. 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 58-year-old male who reported an injury on 10/01/2008. The mechanism of injury was not provided in the medical records. The patient's course of treatment to date is unclear; however, it is noted that he continues to have chronic right knee and shoulder pain. Due to persistent complaints, the patient received an MRI of the right shoulder on 09/16/2013. This imaging study revealed acromioclavicular osteoarthritis only. The most recent clinical note dated 10/31/2013 reported the patient's shoulder pain was a 7/10 without medications. There was also report of radiating pain into the right arm and hand that is aggravated with above the shoulder activities, pushing, and pulling. The patient reported difficulty in performing activities of daily living and his only noted medication was an unspecified dose and frequency of Celebrex. Physical examination of the right shoulder revealed significant restrictions in range of motion; 110 degrees of flexion, 100 degrees of abduction, 30 degrees of internal rotation, and 80 degrees of external rotation. There was tenderness to palpation over the right AC joint, but no weakness, decreased reflexes, or decreased sensation. There was a positive impingement sign, positive Speed and Yergason's test; however, all other orthopedic tests were negative.

IMR ISSUES, DECISIONS AND RATIONALES

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

Depo-Lidocaine injection with ultrasound of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: The California MTUS/ACOEM Guidelines recommend corticosteroid and local anesthetic injections to treat chronic impingement syndrome if accompanied by an exercise rehabilitation program. These injections are generally performed fluoroscopically or under ultrasound guidance, and should only be repeated if there was objective evidence of benefit. Unfortunately, although the patient suffers from chronic impingement syndrome, there was no indication that an accompanying exercise rehabilitation program was to be initiated with this request. As the purpose of these injections are to facilitate participation in a program intended to treat impingement syndrome, without an accompanying prescription for therapy or evidence of participation in a home exercise program, the treatment is not indicated. As such, the request for Depo-Lidocaine injection with ultrasound of the right shoulder is non-certified.