

Case Number:	CM13-0060612		
Date Assigned:	12/30/2013	Date of Injury:	10/03/2012
Decision Date:	04/10/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/03/2013

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 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 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 63-year-old male who reported injury on 10/03/2012. The mechanism of injury was noted to be the patient stumbled on the steps. The documentation of 11/06/2013 revealed the patient had numbness and tingling on the first 3 digits both palms and back side of his hands. The physical examination revealed the patient had tenderness to palpation of the subacromial region, acromioclavicular joint, and supraspinatus tendon as well as over the left upper trapezius muscle and levator scapulae. The patient's pain was present in the left shoulder upon flexion and abduction and radiated to the neck. The patient's diagnoses were noted to include left shoulder rotator cuff partial tear, impingement syndrome, and acromioclavicular joint degeneration. The request was made for a left shoulder subacromial injection under ultrasound guidance to decrease pain and increase range of motion and increase activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Subacromial Injection under US Guidance: 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: ACOEM Guidelines indicate that invasive techniques have limited proven value. It indicates that if pain with elevation significantly limits activities a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy for 2 to 3 weeks. Clinical documentation submitted for review failed to indicate the patient had documentation of conservative care. There was a lack of documentation indicating that the patient had pain with elevation that significantly limited activities. Given the above and the lack of documentation, the request for left shoulder subacromial injection under US guidance is not medically necessary.