

Case Number:	CM13-0061385		
Date Assigned:	12/30/2013	Date of Injury:	03/10/2011
Decision Date:	06/11/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/02/2013

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 and Rehabilitation has a subspecialty in Pain Medicine 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 injured worker is a 58 year-old male who sustained an injury to his left shoulder on 03/10/11 after a fall from a ladder. The records indicate that the injured worker underwent a chest-tube thoracostomy and left elbow surgery. An EMG study dated 09/04/13 reportedly revealed mild bilateral ulnar neuropathies at the elbows consistent with the clinical diagnosis of bilateral tardy ulnar neuropathies, no evidence of carpal tunnel syndrome or proximal denervation about the right shoulder. MRI of the left shoulder dated 10/25/12 revealed mild infraspinatus tendinosis, minimal degenerative bone spurring of the humeral head, and mild acromioclavicular joint athrosis. The disputed issue is a request for left shoulder injection x 2. A qualified medical evaluation on date of service August 12, 2013 documented left shoulder subacromial and subdeltoid tenderness. Range of motion of the left shoulder was noted to be decreased in abduction into 60°, external rotation was the diminished to 40°, extension at 10°, and adduction was full. There was also several trigger points noted around the trapezius.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SHOULDER INJECTION TIMES 2: 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): 204,Chronic Pain Treatment Guidelines Page(s): 6.

Decision rationale: The California Medical Treatment Utilization references Chapter 9 of the ACOEM Guidelines with regard to shoulder steroid injections. ACOEM specifies: "Invasive techniques have limited proven value. If pain with elevation significantly limits activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy (i.e., strengthening exercises and nonsteroidal anti-inflammatory drugs) for two to three weeks. The evidence supporting such an approach is not overwhelming. The total number of injections should be limited to three per episode, allowing for assessment of benefit between injections (Page 204)". In the case of this injured worker, there is documentation of shoulder pathology on magnetic resonance imaging. There is a rotator cuff tendinosis noted. A qualified medical evaluation also documented impairments in range of motion on examination as well as subacromial and subdeltoid tenderness. However, the guidelines recommend assessment of benefit in between injections. Therefore, 2 consecutive injections are not recommended. The request for Left Shoulder Injection is not medically necessary.