

Case Number:	CM13-0062351		
Date Assigned:	12/30/2013	Date of Injury:	09/01/1999
Decision Date:	05/09/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/06/2013

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 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 injured worker is a 48-year-old male who reported an injury on 09/01/1999. The mechanism of injury was lifting a heavy door while walking downstairs. Documentation letter dated 06/13/2013 from [REDACTED], [REDACTED], orthopedic surgeon stated that this letter was regarding [REDACTED]. The injured worker was seen for further follow-up with regards to long-standing problems with the left shoulder from the injury date of 09/01/1999. The injured worker had a history of 3 shoulder surgeries in the past. The documentation noted that the injured workers original surgery was around the year 2000. His second surgery was on or around 2002 or 2003; the injured worker had a repair of recurrent rotator cuff tear. The injured worker had his third surgery somewhere between 2007 and 2008, and the injured worker reported that the surgeon told him that his prognosis was poor in regards to his shoulder and that he needed to be careful. An MRI was ordered for 06/06/2013 and performed which revealed subdeltoid bursitis, thinning, interstitial tearing effects of a full thickness tear of a full thickness tear of the distal supraspinatus, tendinopathy, interstitial tearing of the distal subscapularis, mild glenohumeral degenerative changes with a possible small SLAP tear of the superior labrum, mild glenohumeral degenerative change. The clinical letter noted that the injured worker has prior treatments include physical therapy with limited benefit and an injection was recommended of Marcaine and Depo-Medrol for the shoulder. The clinical letter dated 06/20/2013 reported that the injured worker continued to complain of pain to his shoulder with poor abduction and that he could not place his hand behind his head or behind his back. The injured worker was noted to have poor abduction power. He had severe pain at 70 degrees of abduction. The Request for Authorization for Medical Treatment dated 06/25/2013 noted a diagnosis of shoulder pain and a consult with [REDACTED] and a consult with a pain management doctor were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SHOULDER INJECTION OF MARCAINE AND DEPOMEDROL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 212-214.

Decision rationale: The request for the left shoulder injection of Marcaine and Depo-Medrol is non-certified. The California Medical Treatment Utilization Schedule (MTUS) states that prolonged or frequent use of cortisone injections in the subacromial space of the shoulder joint are not recommended. Guidelines further state 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 documentation provided for review failed to provide evidence the patient has attempted non-steroidal anti-inflammatory medications prior to the requested injection to meet guideline criteria. Given the above, the request for the left shoulder injection of Marcaine and Depo-Medrol is non-certified.