

Case Number:	CM13-0062647		
Date Assigned:	12/30/2013	Date of Injury:	04/30/2009
Decision Date:	04/21/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/04/2013

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 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:

This 57-year-old claimant has a date of injury on April 30, 2009. She has been treated for right shoulder pain. An MRI obtained in 2009 demonstrated mild right supraspinatus tendinopathy and degenerative changes in the acromioclavicular joint. The claimant was documented to be status post right shoulder arthroscopic decompression performed in August of 2009. Due to ongoing right shoulder pain complaints, ultrasound guided acromioclavicular joint and suprascapular nerve injections times three were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

THREE (3) RIGHT SHOULDER ULTRASOUND-GUIDED ACROMIOCLAVICULAR JOINT AND SUPRASCAPULAR NERVE INJECTIONS BETWEEN 11/18/2013 AND 1/17/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Online Edition, Chapter: Shoulder (Acute & Chronic)

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

Decision rationale: The MTUS/ACOEM Guidelines indicate that invasive techniques have limited proven value. The section on acromioclavicular joint separation supports local cortisone injections. The records provided in this case do not document any evidence of suprascapular nerve compression or dysfunction that would benefit from any type of injection. Typically, an acromioclavicular joint injection is performed to help treat an acromioclavicular joint arthritis problem. The records provided do document tenderness at the acromioclavicular joint. Typically, these injections are performed at three-month intervals. There is no convincing reason why three acromioclavicular joint injections would be required over the time course of two (2) months. The Guidelines recommend that the physician follow-up for an assessment between injections. For the reasons stated above, three (3) right shoulder ultrasound guided acromioclavicular joint and suprascapular nerve injections between November 18, 2013 and January 17, 2014 would not be considered medically necessary or appropriate based on the records provided in this case and the ACOEM guidelines.