

Case Number:	CM13-0066043		
Date Assigned:	01/03/2014	Date of Injury:	01/25/2010
Decision Date:	04/21/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/16/2013

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 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 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 61-year-old male who reported an injury on 01/28/2010. The mechanism of injury involved heavy lifting. The patient is currently diagnosed with shoulder impingement and pain in the upper arm. The patient was seen on 10/29/2013. The patient reported persistent right upper extremity pain. Physical examination revealed tenderness to palpation. Treatment recommendations included continuation of current medications as well as an authorization request for a right shoulder intraarticular injection

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Inter-Articular Injection with Anesthesia: 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): 201-205. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Steroid injections

Decision rationale: California MTUS/ACOEM Practice Guidelines state invasive techniques have limited proven value. If pain with elevation significantly limits activities, a subacromial injection of a local anesthetic and a corticosteroid preparation may be indicated after

conservative therapy for 2 to 3 weeks. Official Disability Guidelines state criteria for steroid injections include a diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems. There should be documentation of pain that is not adequately controlled by recommended conservative treatment and pain that interferes with functional activities. As per the documentation submitted, the patient's physical examination only revealed tenderness to palpation. The patient does report persistent pain with weakness, numbness, tingling, and spasm. However, the patient is able to perform all activities of daily living. There is no documentation of a failure to respond to recent conservative treatment including physical therapy, exercise, NSAIDs, or acetaminophen for at least 3 months. There is also no documentation of pain that significantly interferes with functional activities. Based on the clinical information received, the patient does not appear to meet criteria for the requested procedure. As such, the request is non-certified