

Case Number:	CM13-0069181		
Date Assigned:	01/03/2014	Date of Injury:	04/12/2002
Decision Date:	04/21/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/20/2013

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of April 12, 2002. Thus far, the applicant has been treated with the following: Analgesic medications, attorney representation; unspecified amounts of acupuncture over the life of the claim; psychotropic medications; prior shoulder surgery; adjuvant medications; and sleep aids. The applicant has apparently alleged derivative depression as a function of the industrial injury, it is further noted. In a clinical progress note of December 17, 2013, it is stated that the applicant has persistent shoulder, neck, and hand pain with associated numbness. Shoulder flexion and abduction are limited to the 90- to the 130-degree range. The applicant carries diagnosis of shoulder pain status post rotator cuff repair surgery, adhesive capsulitis, right wrist pain, and reflex sympathetic dystrophy. The applicant is placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 fluoroscopic guided glenohumeral hydrodistention for adhesive capsulitis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute and Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Hydroplasty/Hydrodilatation

Decision rationale: The MTUS does not specifically address the topic of glenohumeral hydrodistention but does note in the MTUS-adopted ACOEM Guidelines in Chapter 9, Table 9-6, that prolonged or frequent usage of injections in the subacromial space or the shoulder joint are "not recommended." In this case, the applicant has had two prior injections which were certified by the claims administrator in its Utilization Review Report. Proceeding with a third injection is not indicated or supported by ACOEM as repeated injections are not endorsed. It is further noted that the ODG Shoulder Chapter Hydrodilatation topic states that Hydrodilatation or stretching of a joint by injection of a saline solution has been deemed "under study." The procedure in question is not frequently used in the United States, ODG further notes. In this case, the attending provider has not proffered any applicant-specific rationale, narrative, or commentary so as to try and offset the unfavorable ACOEM and ODG recommendations. Therefore, the request is not certified, on Independent Medical Review.