

Case Number:	CM13-0069692		
Date Assigned:	02/12/2014	Date of Injury:	10/14/2006
Decision Date:	06/12/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/23/2013

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 has a subspecialty in Pain Medicine 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 reported an injury on 10/14/2006. The mechanism of injury was not stated. Current diagnoses include right shoulder impingement syndrome, cervical disc bulge, lumbar spine sprain, lumbar spine radiculopathy, AC cartilage disorder of the right shoulder and depression. The latest Physician Progress Report submitted for this review is documented on 06/12/2013. The injured worker reported persistent lower back pain and right shoulder pain, rated 5/10. Physical examination revealed stiffness in the cervical spine, limited range of motion of the cervical spine, limited range of motion of the right shoulder, and limited lumbar range of motion. Treatment recommendations at that time included an MRI of the lumbar spine, right shoulder, and cervical spine; acupuncture; and continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

SUBACROMIAL STEROID INJECTION OF THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 560-563.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.

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 local anesthetic and a corticosteroid preparation may be indicated after conservative therapy for 2 to 3 weeks. As per the documentation submitted, the injured worker had not been evaluated since 12/2012. There is no mention of an exhaustion of conservative treatment prior to the request for a subacromial steroid injection. There is also no evidence of significant activity limitation. Therefore, the request for subacromial steroid injection of the right shoulder is not medically necessary and appropriate.