

Case Number:	CM14-0000252		
Date Assigned:	01/10/2014	Date of Injury:	08/06/2007
Decision Date:	04/22/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/02/2014

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 Family Practice has a subspecialty in Pain Management 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 claimant is 54 year old male who sustained a work injury on 8/6/07 involving the right shoulder and right arm. He was diagnosed with a frozen shoulder and chronic regional pain syndrome. He had received a stellate ganglion block as well as pain medication for symptomatic improvement. A progress note on 12/20/13 indicated he continued with right shoulder and elbow pain. The strength was reduced at 4/5. A steroid shoulder injection was performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SHOULDER KENALOG INJECTION WITH MARCAINE: Upheld

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

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

Decision rationale: According to the ACOEM guidelines, 2-3 steroid injections are recommended for shoulder impingement, inflammation or small tears. It is to be considered after failed conservative therapy for 2 -3 weeks. There was no concurrent documentation of failed therapy or exercises. The indication and response for the injection were not noted. The claimant had a frozen shoulder, which is also known as adhesive capsulitis. Although the symptoms may

be similar to impingement syndrome, based on the guidelines, the documentation does not support medical necessity of steroid injections. The request for a right shoulder Kenalog injection with Marcaine is not medically necessary and appropriate.