

Case Number:	CM14-0000742		
Date Assigned:	01/17/2014	Date of Injury:	07/05/1993
Decision Date:	04/24/2014	UR Denial Date:	12/17/2013
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 Internal Medicine and is licensed to practice in Washington DC and Virginia. 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 is a 62 year old man who sustained injury, while working as a forklift operator, on July 5 1993 and was found to have left leg osteoarthritis in Nov 27 2013. ██████ saw the patient on Feb 21 2012 for a small wound on the midportion of the patella and was observed. Following this, the patient started physical therapy. ██████ saw the patient on May 15 2012 for incision drainage of the knee. The patient had left shoulder pain and had MRI on July 16 2013 which showed tendinopathy of the rotator cuff.

IMR ISSUES, DECISIONS AND RATIONALES

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

A LEFT SHOULDER SUBACROMIAL INJECTION OF LIDOCAINE, MARCAINE AND KENALOG UNDER ULTRASOUND GUIDANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

Decision rationale: Steroid injections are recommended for diagnosis of adhesive, capsulitis, impingement syndrome or rotator cuff programs, except in post-traumated impingement of the shoulder; not controlled adequately by recommended conservative treatments(physical therapy

and exercise, NSAIDS or acetaminophen)after at least 3 months. This patient had no diagnoses of adhesive, capsulitis or impingement syndrome. The patient did have a decrease in range of motion. With the clinical data provided, as per MTUS guidelines listed above, this is not medically indicated.