

Case Number:	CM14-0001087		
Date Assigned:	01/22/2014	Date of Injury:	06/17/2008
Decision Date:	06/06/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/03/2014

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 Physical Medicine & Rehabilitation has a subspecialty in Interventional Spine 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 patient is a 27-year-old female with a date of injury of 06/17/2008. According to a report dated 10/28/2013 by [REDACTED], the patient presents with left shoulder pain. She reports some ongoing discomfort in the shoulder with secondary tightness over the trapezius with tingling into the upper extremity as far as the wrist and hand. Examination of the left shoulder revealed tenderness over the anterior rotator cuff with shoulder extension. Range of motion was noted as normal. Muscle strength is 5/5. Apprehension test was negative and impingement test was positive. There is some subjective decrease in sensation over the left shoulder with tingling. The physician would like to request a repeat subacromial injection. Utilization review dated 12/20/2013 denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

SUBACROMIAL INJECTION WITH DEPOMEDROL, LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder.

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 Steroid Injections.

Decision rationale: This patient presents with chronic left shoulder pain. The physician is requesting a repeat subacromial injection for the left shoulder. ACOEM Guidelines page 213 states "2 or 3 subacromial injections of local anesthetic and cortisone preparation over an extended period as part of an exercise rehabilitation program to treat rotator cuff inflammation, impingement syndrome, or small tears. Diagnostic lidocaine injections to distinguish pain sources in the shoulder area, for example, impingement." ODG Guidelines on shoulder steroid injection also states "recommend up to 3 injections, steroid injections compared to physical therapy seemed to have better initial but worse long-term outcomes." In this case, the patient continues with left shoulder pain with a positive impingement test. The physician indicates the patient has had a prior injection. The result of this injection was not discussed. ACOEM and ODG allow up to 3 injections for rotator cuff inflammation, impingement syndrome or small tears. Given the patient's positive impingement test and continued pain, the request for subacromial injection with depomedrol, left shoulder is medically necessary and appropriate.