

Case Number:	CM14-0005637		
Date Assigned:	02/05/2014	Date of Injury:	03/07/2013
Decision Date:	10/08/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/16/2014

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 and Rehabilitation, has a subspecialty in Pain 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 injured worker is a 40 year old male who reported injury on 03/07/2013. The mechanism of injury was not specified. The diagnoses included left shoulder impingement syndrome and acromioclavicular arthrosis. His past treatments included acupuncture, physical therapy, medications and a home exercise program. His diagnostic test included a nerve study on 06/20/2013, and an MRI on 09/23/2013 of the left shoulder revealed acromioclavicular joint arthropathy with tilting of the acromion, impressing the supraspinatus tendon near the rotator cuff outlet. There were no surgeries specified. On 12/20/2013 the injured worker complained of left shoulder pain that decreased by 50%. The pain level ranged from 4/10 to 8/10 prior to starting medication. His medications included ibuprofen. The treatment plan included an authorization for a cortisone injection; continue to follow up with the physician for right shoulder problems, continue his home exercise program and to see him back in the office 6-8 weeks for a follow up visit. The rationale for the request was based upon the medically responsible treatments, requirements and the doctors' observation and findings. The request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

SUBACROMIAL CORTISONE INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 201-205. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The request for a subacromial cortisone injection is not medically necessary. The injured worker has a history of left shoulder impingement syndrome and acromioclavicular arthrosis. The The California MTUS/ACOEM Guidelines state that invasive techniques have limited proven value. However, if pain with elevation significantly limits activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy (i.e., strengthening exercises and nonsteroidal anti-inflammatory drugs) for two to three weeks. The injured worker however complained of left shoulder pain 4/10 with medication, that was decreased by 50% however, there is no current documentation of subjective and objective findings provided, the last exam findings were on 12/20/2013. Additionally, there should be documentation provided for the duration of conservative treatments, functional ability and medication management. Consequently, the request is not supported. As such, the request for a subacromial cortisone injection is not medically necessary.