

Case Number:	CM14-0008211		
Date Assigned:	01/29/2014	Date of Injury:	06/07/2013
Decision Date:	08/04/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/21/2014

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 Occupational 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 patient is a 57-year-old female who has submitted a claim for History of Lumbar Disc Disease with Radiculitis, History of Cervical Disc Disease with Radiculitis, Left Shoulder Tendinitis, History of Myofascial Pain, and Cervicogenic Headaches, associated with an industrial injury date of June 7, 2013. Medical records from 2013 through 2014 were reviewed, which showed that the patient reported relief and functional improvement after left subacromial injection and cervical epidural steroid injection. She was able to look over her left shoulder, could drive more easily, and could lift approximately 10 pounds with her left arm. She did complain of minor low back pain. Pain scale was at 6-7/10. On physical examination, there was tenderness of the left trapezius, left cervical extensors, infraspinatus, supraspinatus, and rhomboids, with discreet palpable bands with positive twitch response. There was a significant decrease in tenderness of the left acromioclavicular joints with some mild increase range of motion of the left shoulder. However, there was decreased range of motion of the cervical spine on all planes. No sensorimotor deficits were reported. Left shoulder x-rays dated June 7, 2013 revealed normal results. Treatment to date has included medications, physical therapy, home exercise program, cervical epidural steroid injection, lumbar epidural steroid injection, trigger point injections, and two left subacromial injections (November 6, 2013; January 10, 2014). Utilization review from January 13, 2014 denied the request for subacromial injection to the left side/left shoulder because the supporting documentation does not provide documentation of failure of less conservative treatment and the previous injection provided only 30% relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Subacromial injection to the left side / left shoulder: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Steroid injections.

Decision rationale: CA MTUS does not specifically address shoulder steroid injections. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that criteria for steroid injections include: (1) diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems; (2) not controlled adequately by recommended conservative treatments after at least 3 months; (3) pain interferes with functional activities; (4) intended for short-term control of symptoms to resume conservative management; (5) with several weeks of temporary partial resolution of symptoms and then worsening pain and function, a repeat steroid injection may be an option; and (6) the number of injections should be limited to three. In this case, the patient reported 30% relief following her first left subacromial injection and 60% continued relief following the second injection. The records also showed functional improvement evidenced by the fact that the patient was able to look over her left shoulder, could drive more easily, and could lift approximately 10 pounds with her left arm following her injections. Temporary partial resolution of symptoms was documented with previous shoulder injections. Hence, a third injection is appropriate. Therefore, the request for SUBACROMIAL INJECTION TO THE LEFT SIDE / LEFT SHOULDER is medically necessary.