

Case Number:	CM14-0008975		
Date Assigned:	02/12/2014	Date of Injury:	09/15/2010
Decision Date:	06/24/2014	UR Denial Date:	12/26/2013
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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and New York. 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 39-year-old male who reported an injury to his left shoulder as a result of an industrial injury while working as water technician on 9/15/10. A clinical note dated 07/25/13 indicated the injured worker initially presenting with a left shoulder strain/sprain. The injured worker underwent subacromial decompression, distal clavicle resection, and rotator cuff repair on 03/14/11. The injured worker continued to complain of left shoulder pain with associated numbness and tingling and weakness. The injured worker utilized Tramadol and Voltaren gel for pain relief. The injured worker rated the pain as 4-7/10. Upon exam the injured worker demonstrated 90 degrees of 100 degrees of abduction with full adduction. Limitations were identified with internal and external rotation. The injured worker demonstrated 5-/5 strength throughout the left shoulder. A clinical note dated 04/02/13 indicated the injured worker continuing with left shoulder pain. The injured worker worked full time without restrictions. The injured worker rated the ongoing pain as 5-6/10. The clinical note dated 01/08/13 indicated the injured worker rating his left shoulder pain as 7/10. The injured worker demonstrated 100 degrees of adduction with no deficits identified with adduction or external and internal rotation. Strength deficits were identified throughout the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SHOULDER INTRACAPSULAR INJECTION: 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), Shoulder Chapter, Steroid Injections.

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, Injections.

Decision rationale: The clinical documentation indicates the injured worker complaining of left shoulder pain with associated range of motion deficits. An injection is indicated at the shoulder following a three month course of conservative treatment including physical therapy and pharmacological interventions. There is indication the injured worker has been utilizing a medication regimen to address ongoing pain. However, no information was submitted regarding completion of a three month course of conservative therapy. Given this, the request is not indicated as medically necessary.