MAXIMUS Federal Services

Case Number:	CM14-0009560		
Date Assigned:	02/14/2014	Date of Injury:	04/10/1991
Decision Date:	06/24/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/24/2014

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 Orthopedic Surgery, and is licensed to practice in Mississippi. 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 52 year old female injured in April, 1991. The mechaism of injury is not specified. The request for an intra-articular steroid injection was not certified in the preauthorization process. The ongoing complaints of chronic cervicalgia, left shoulder arthralgia and a myofascial strain is noted. Also noted are chronic low back pain, chronic myofascial pain in the need for chronic narcotic medications. Previous diagnostic studies indicated a positive finding for C6 radiculopathy. Imaging studies noted multiple level disc findings. Physical examination findings noted a slight decrease in shoulder range of motion. The diagnosis was right shoulder pain, and a comorbidity of reflux disease and sleep apnea is also noted. No specific shoulder diagnosis was offered. A pain management consultation was obtained and focused on the degenerative changes in the cervical and lumbar spine. Multiple narcotic medications were prescribed. The January, 2014 progress notes indicate complaints of low back pain with radiation to both lower extremities. Lower extremity radiculopathy is noted. Increased pain in the left shoulder is noted without any reported trauma. A previous knee injection had been noted. The follow-up progress note indicated the exact same findings with no objectification of intervention or conservative care.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO LEFT SHOULDER SUBACROMIAL INJECTION. DATE OF SERVICE 1/2/2014. DENIED BY PEER ADVISOR: 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): 201.

Decision rationale: There is insufficient clinical evidence presented to support this request. A trial of less invasive measures had not been noted as outlined in the American College of Occupational and Environmental Medicine (ACOEM) guidelines. Recommend non certification.