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| Case Number: | CM14-0102385 | | |
| Date Assigned: | 07/30/2014 | Date of Injury: | 11/28/2008 |
| Decision Date: | 08/29/2014 | UR Denial Date: | 06/30/2014 |
| Priority: | Standard | Application Received: | 07/02/2014 |

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 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 51-year-old female who reported an injury on 11/28/2008. The mechanism of injury occurred while she was lifting or transferring a patient. Her medications included Diclofenac XR 100 mg daily, Omeprazole 20 mg, and Tramadol ER 150 mg daily. Other therapies included a right shoulder injection, physical therapy, acupuncture, a TENS unit, and oral medications. This request was previously denied, as there was an absence of documentation of failed conservative treatment. The injured worker underwent an MRI of the right shoulder. The documentation of 06/13/2014 revealed she had complaints of pain in the neck and shoulders. The pain was noted to have worsened with overhead activities and repetitive motions of the neck and shoulders. The physical examination revealed she had the following on the right shoulder: a positive Neer's and Hawkins test; positive greater tuberosity tenderness; positive acromioclavicular (AC) joint tenderness and an AC joint compression test as well as a crossover test. The resisted abduction strength was 4/5. The examination on the left shoulder revealed: a positive Neer's and Hawkins test; positive greater tuberosity tenderness; AC joint tenderness; a positive AC joint compression test; and a positive crossover test. The resisted abduction strength was 4/5 and resisted external rotation was 4/5. She had decreased range of motion. The diagnoses were right shoulder impingement syndrome and left shoulder impingement syndrome. The treatment plan included a right shoulder subacromial space injection under ultrasound guidance to relieve pain while waiting for surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Subacromial Injection under Ultrasound Guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web), 2013, Shoulder/Steroid Injections: Criteria for Steroid Injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 201-205.

Decision rationale: The ACOEM Guidelines indicate that a corticosteroid injection into the subacromial bursa is appropriate for the treatment of impingement syndrome. The clinical documentation submitted for review indicated the injured worker had previously undergone injections. However, there was a lack of documentation of the objective functional benefit and an objective decrease in pain. The request as submitted failed to indicate the substance to be injected. Given the above, the request for Right Shoulder Subacromial Injection under Ultrasound Guidance is not medically necessary.