

Case Number:	CM14-0017912		
Date Assigned:	04/16/2014	Date of Injury:	04/11/2011
Decision Date:	06/30/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/12/2014

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 Family Medicine and is licensed to practice in Texas. 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 64-year-old male who reported an injury on 04/11/2011. The mechanism of injury was not specifically stated. Current diagnoses include right shoulder adhesive capsulitis, bilateral cubital tunnel syndrome, bilateral upper extremity peripheral neuropathy, lumbar disc herniation with foraminal stenosis and facet arthropathy, multilevel cervical disc herniation with central and foraminal stenosis, and right shoulder rotator cuff tendonitis. The injured worker was evaluated on 12/23/2013. The injured worker reported constant pain to the right shoulder. Physical examination revealed tenderness to palpation of the supraspinatus and biceps region on the right, limited right shoulder range of motion, and positive Neer and Hawkins sign on the right. Treatment recommendations at that time included a right shoulder arthroscopy with manipulation. It is also noted; the injured worker declined a right shoulder cortisone injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 RIGHT SHOULDER JOINT INJECTIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 9,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF

OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004)
, SHOULDER COMPLAINTS. IN. HARRIS J (ED), OCCUPATIONAL MEDICINE
PRACTICE GUIDELINES, 2ND EDITION (2004), 201-205

Decision rationale: The California MTUS/ACOEM Practice Guidelines state invasive techniques have limited proven value. If pain with elevation significantly limits activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy for 2 to 3 weeks. As per the documentation submitted, there is no mention of an exhaustion of at least 2 to 3 weeks of conservative therapy for the right shoulder. It is also noted that the injured worker has declined cortisone injections for the right shoulder. The medical necessity for 4 right shoulder joint injections has not been established. The injured worker's response to the initial injection would require reassessment prior to the administration of any additional injections thereafter. Based on the clinical information received, the request is not medically necessary.