

Case Number:	CM14-0110746		
Date Assigned:	08/01/2014	Date of Injury:	08/05/2002
Decision Date:	10/07/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/16/2014

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 50 year old female who sustained an injury to her right shoulder on 08/05/02 while working on a machine. Records indicate that the injured worker has completed twenty recent physical therapy visits for the right shoulder without any significant improvement. Progress report dated 07/18/14 reported that the injured worker continued to complain of persistent pain with the left upper extremity. The injured worker is status post anterior cervical fusion, she was doing much better and glad that she had the procedure. The injured worker noted her arm pain at 8/10 visual analog scale (VAS). She stated that all medications are helping. She is not attending physical therapy and not working. Physical examination of the right shoulder noted some atrophy of the deltoids; no evidence of cyanosis; biceps tendon tender; acromioclavicular joint tender; range of motion abduction 160 degrees, flexion 160 degrees, internal/external rotation 90 degrees; 4+ strength on abduction; weakness noted when compared to contralateral sites; decreased sensation about the C5 dermatome on the right; upper extremity reflexes 2+ bilateral and symmetric. The injured worker was diagnosed with bilateral shoulder impingement syndrome with acromioclavicular joint pain and probable Superior Labrum Anterior and Posterior (SLAP) lesion and right carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SHOULDER INTRA-ARTICULAR SUBACROMIAL INJECTION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: The previous request was denied on the basis that based on the diagnoses and considering the exceedingly chronic nature of the condition and lack of detailed discussion of prior treatment to the shoulders over the past decade, including possible prior injections, and lack of new hard clinical indications for need for invasive treatment, the request was not deemed as medically appropriate. There was no indication as to the type of injection specified in the request, no indication that if the injured worker is currently undergoing physical therapy, chiropractic manipulation treatment, acupuncture, or any other conservative medical treatment. The Official Disability Guidelines (ODG) states that steroid injections are intended for short term relief control of symptoms to resume conservative medical management. There is no indication that the injured worker is actively participating in a home exercise program. Given this, the request for right shoulder intraarticular subacromial injection is not indicated as medically necessary.