

Case Number:	CM14-0112072		
Date Assigned:	08/01/2014	Date of Injury:	08/23/2009
Decision Date:	09/09/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/17/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 presents with chronic pain following a work related injury on 08/23/2009. On 5/22/2014, the claimant reported left and right shoulder pain. The claimant has tried physical therapy and acupuncture. The claimant reported that acupuncture was not helpful. Medications included Tramadol. The claimant is status post left shoulder surgery for left shoulder impingement. The physical exam showed reduced range of motion and tenderness. MRI showed tenosynovitis, tendon tear and degenerative changes. The claimant was diagnosed with non-allopathic lesion of cervical region NEC, adhesive capsulitis of shoulder, brachial neuritis or radiculitis nos, cervicgia, displacement intervertebral disc unspecified without myelopathy, enthesopathy of unspecified site. A referral was made for shoulder injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up for injections: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Complaints, Treatment considerations.

Decision rationale: Per the ODG, two or three sub-acromial injections of local anesthetic and cortisone preparation over an extended period as part of an exercise rehabilitation program to treat rotator cuff inflammation, impingement syndrome or small tears are recommended. The prolonged or frequent use acromial injections of cortisone injections local anesthetic and into the sub-acromial space or shoulder is not recommended. Diagnostic lidocaine injections to distinguish pain sources in the shoulder area (e.g., impingement) are recommended. There is lack of documentation that the injections will be paired with an exercise program. Additionally, there is no documentation of the limitations of the number injection as well as follow-up response to the injection. Therefore the requested service is not medically necessary.