

Case Number:	CM14-0120015		
Date Assigned:	08/06/2014	Date of Injury:	10/30/2013
Decision Date:	09/16/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/30/2014

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 underlying date of injury in this case is 10/30/2013. The patient's diagnoses include a left shoulder sprain and a left upper arm contusion. An orthopedic physician follow-up dated 06/02/2014 noted the patient had persistent pain along the top and lateral aspects of her left shoulder. On exam the patient had a positive impingement sign and enlargement of the acromioclavicular joint. The treating physician diagnosed the patient with left shoulder traumatic impingement noting the patient would continue a home exercise program and return for an ultrasound-guided corticosteroid injection. Previously, on 04/14/2014, the treating orthopedic surgeon noted that the patient had undergone an acromioclavicular joint injection and reported 40-50% pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Subacromial corticosteroid injection, left shoulder, ultrasound-guided: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

Decision rationale: ACOEM guidelines, Chapter 9 - Shoulder, page 204, states that if pain significantly limits activity then a subacromial injection may be indicated after conservative therapy for 2-3 weeks. The guidelines recommend limiting the number of injections to 3 per episode. A prior physician review noted that there was no evidence of prior conservative treatment and, therefore, did not recommend a repeat injection. However, the definition of conservative treatment, in the guidelines, is a trial of physical therapy and anti-inflammatory medications. The records do document treatment of anti-inflammatory medications and the patient's prior conservative treatment had transitioned to an independent home exercise program, which is consistent with the guidelines. Additionally, the medical records indicate that the patient felt that they had benefited from the initial injection and requested a repeat injection. For these reasons, the treatment guidelines have been met in this case and the request is medically necessary.