

Case Number:	CM14-0121471		
Date Assigned:	09/16/2014	Date of Injury:	02/06/2012
Decision Date:	12/11/2014	UR Denial Date:	07/26/2014
Priority:	Standard	Application Received:	08/01/2014

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:

This is a 42-year-old male with a 2/6/12 date of injury. According to the most recent progress report provided for review, dated 7/2/14, the patient stated that since his return to work, he had a new symptom where at the end of the day, he had numbness over the left shoulder. He rated his pain as a 5/10. Objective findings: tenderness to palpation over the left superolateral aspect of the shoulder joint, limited left shoulder range of motion, normal left shoulder motor strength, tenderness over left lateral epicondyle. Diagnostic impression: status post left shoulder surgery in March 2013; status post left elbow surgery in November 2012. Treatment to date: medication management, activity modification, surgery, TENS unit, physical therapy. A UR decision dated 7/26/14 denied the request for subacromial subdeltoid injection to left shoulder. No rationale has been provided as to why an injection would be recommended at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Subacromial subdeltoid injection with ultrasound guidance to left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder chapter.

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: California Medical Treatment Utilization Schedule (MTUS) does not address this issue. Official Disability Guidelines (ODG) states that for rotator cuff disease, corticosteroid injections may be superior to physical therapy interventions for short-term results and a maximum of three are recommended. If pain with elevation is significantly limiting activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy (i.e., strengthening exercises and non-steroidal anti-inflammatory drugs (NSAIDs) for two to three weeks, but the evidence is not yet overwhelming, and the total number of injections should be limited to no more than three. However, in the present case, there is no documentation that the patient has failed conservative measures of treatment, such as physical therapy and medications. In addition, there is no documentation of significant functional deficits or impairment in activities of daily living to establish the medical necessity for a steroid injection for this patient. Therefore, the request for Subacromial subdeltoid injection with ultrasound guidance to left shoulder was not medically necessary.