

Case Number:	CM14-0150086		
Date Assigned:	09/18/2014	Date of Injury:	05/10/2011
Decision Date:	10/17/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/15/2014

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 Occupational Medicine 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:

There were 219 pages provided for this review. The request for independent medical review was signed on September 12, 2014. The request was for a right acromioclavicular joint injection. The patient was status post a latissimus dorsi transfer on the left with a rotator cuff tear with possible re-tear and a right impingement syndrome. There was a utilization review from August 18, 2014. Both shoulders were addressed. The patient is a 54-year-old man status post an injury on May 10, 2011. He is status post a left shoulder arthroscopy, subacromial decompression on April 17, 2012 and status post a left latissimus dorsi transfer on March 1, 2014. The injury was over three years ago and the patient was five months following surgery. He had a massive left rotator cuff tear. An MR arthrogram was requested to assess the integrity of the left latissimus dorsi. The right shoulder MRI noted some osteoarthritis arthropathy at the AC joint. There was no mention of any tenderness to palpation over that joint. If the AC joint is asymptomatic it should not be injected therefore the request was not approved. There was also a decision on August 18, 2014 in regard to the left shoulder MR arthrogram, the joint injection and Flexeril. As of July 28, 2014, the patient reports he had to surgeries to the left shoulder. He had the left latissimus dorsi transfer with reconstruction biceps repairs. There is also right shoulder pain. The diagnosis is status post latissimus dorsi transfer on the left with a rotator cuff tear and possible repair and also a right impingement syndrome. A note from July 23, 2014 indicates that the left shoulder pain is reduced.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right AC Joint Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Intra-articular injections, <http://www.odg-twc.com/odgtwc/shoulder.htm#Steroidinjections>. Official Disability Guidelines, Shouder injection, <http://www.odg-twc.com/odgtwc/shoulder.htm>

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

Decision rationale: Per the MTUS, Injections of corticosteroids or local anesthetics or both should be reserved for patients who do not improve with more conservative therapies. Steroids can weaken tissues and predispose to reinjury. Local anesthetics can mask symptoms and inhibit long-term solutions to the patient's problem. Both corticosteroids and local anesthetics have risks associated with intramuscular or intraarticular administration, including infection and unintended damage to neurovascular structures. In this case, the area to be injected, the acromioclavicular joint, has no point tenderness, and no signs of inflammation that might benefit from such an injections. As the risk of injection outweigh the benefits, the request is appropriately not medically necessary.