

Case Number:	CM14-0152908		
Date Assigned:	09/23/2014	Date of Injury:	08/17/2006
Decision Date:	10/27/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/19/2014

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, has a subspecialty Interventional Spine 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 patient is a 50 years old male with an injury date on 08/17/2006. Based on the 05/28/2014 progress report provided by [REDACTED], the diagnoses are: 1. C/S sprain/strain with BUE radiculopathy 2. S/P right shoulder with persistent I.D.I.S and early frozen shoulder 3. S/P left shoulder with persistent I.D.I.S and early frozen shoulder. According to this report, the patient complains of neck pain and bilateral shoulder pain. Pain is rated as 8/10. Numbness, tingling, and weakness are noted at the bilateral upper extremities. Lifting and reaching above shoulder levels would increase pain. The 08/11/2014 report indicates constant sharp bilateral shoulders pain with pain levels at 7-8/10. The 06/27/2014 report indicates constant cervical pain that this throbbing and radiates to the bilateral shoulder. Intermittent tingling of the bilateral hand is also noted. Physical exam were not provided the reports for review. There were no other significant findings noted on this report. The utilization review denied the request on 08/20/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 03/24/2014 to 08/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR Arthrogram Bilateral Shoulders: 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, MR arthrogram section.

Decision rationale: According to the 05/28/2014 report by [REDACTED] this patient presents with neck pain and bilateral shoulder pain. The provider is requesting MR Arthrogram for the bilateral shoulders to assess for RCT's. Regarding MR Arthrogram, ODG guidelines state Recommended as an option to detect labral tears, and for suspected re-tear post-op rotator cuff repair. Review of reports show that the patient is status post right shoulder arthroscopic partial synovectomy, extensive debridement, AC joint resection and Mumford procedure, subacromial decompression with partial acromioplasty and resection of the coracoacromial ligament on 04/12/2012. The patient is status post left shoulder Mumford resection distal clavicle on 04/23/2008. In this case, the patient is post-op of the bilateral shoulder with constant pain, with pain at a7-8/10. The requested MR arthrogram to assess the shoulders appears reasonable. Such as, MR Arthrogram Bilateral Shoulders is not medically necessary.

Trigger Point Injections: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: According to the 05/28/2014 report by [REDACTED] this patient presents with neck pain and bilateral shoulder pain. The provider is requesting Trigger Point Injections. Regarding trigger points, MTUS recommends injections if examination findings show tenderness with taut band and referred pain. In this case, there were no physical examination findings in indicates trigger points that have taut band and referred pain pattern as MTUS guidelines require for trigger point injections. Based on available information, the patient has radicular symptoms to the bilateral upper extremities for which trigger point injections are not indicated. Such as, Trigger Point Injections is not medically necessary.

Right Shoulder Injection: Overturned

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 section.

Decision rationale: According to the 05/28/2014 report by [REDACTED] this patient presents with neck pain and bilateral shoulder pain. The provider is requesting right shoulder injection. Review of other reports does not show any evidence that this patient has had recent steroid injection into shoulder following the shoulders surgery. ODG Guidelines support cortisone injections to the

shoulder. Given that the patient's shoulder pain interferes with functional activities (e.g., pain with elevation is significantly limiting work). Such as, right shoulder injection is medically necessary.