

Case Number:	CM14-0155023		
Date Assigned:	09/24/2014	Date of Injury:	09/14/2009
Decision Date:	10/24/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/16/2014

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 Texas. 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:

Medical records reflect the claimant is a 48-year-old male who sustained a work injury on 9/14/09. Office visit on 7/17/14 notes the claimant reports constant right shoulder pain. The claimant reports the pain radiates to upper back to his right elbow. He has difficulties with ADLs (activities of daily living). On exam, there was tenderness to palpation at the border of the right scapula and greater tuberosity. The claimant had subacromial grinding and clicking and tenderness of the rotator cuff muscles. The claimant had atrophy in the cuff and deltoid on the right. The claimant had positive impingement test. Strength was 2+/5 on the right. Recommendations included corticosteroid injection and arthroscopic surgery due to recurrent rotator cuff tear per MRI on 9-13-13. The claimant is status post right shoulder arthroscopic surgery performed in November 2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound Guided Corticosteroid Injection to the Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213.

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

Decision rationale: ACOEM notes that subacromial glucocorticosteroid injections are moderately recommended for treatment of acute, subacute and chronic rotator cuff tendinopathies (including rotator cuff tendinosis, supraspinatus tendinitis, impingement syndrome, and subacromial bursitis). However, they are not recommended for rotator cuff tears, particularly when surgery is being recommended. Therefore, the medical necessity of this request is not established.