

Case Number:	CM14-0171433		
Date Assigned:	10/23/2014	Date of Injury:	11/08/2004
Decision Date:	11/21/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/16/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 52 year old female who sustained a work related injury on 11/08/2009 as result of an unknown mechanism of injury. The patient's most recent progress report dated Sept 25, 2014 indicates that she complains of neck, lower back, right shoulder and bilateral wrist pain. Her pain is rated as 8/10 without, but improves to 5/10 with medication use. Her back pain radiates to the postero-lateral thigh and calf including the lateral, bottom and dorsal aspect of the foot. Physical exam reveals restricted range of motion of the cervical spine with tenderness and tight muscle band at the paravertebral muscles bilaterally. Spurling maneuver is negative for pain reproduction or radicular symptoms. A left shoulder MRI dated 08/11/12 identifies severe rotator cuff tendonosis with a bursal margin partial tear of the supraspinatus tendon at eh lateral margin measuring 4 X 4mm involving approximately 50 of the tendon thickness along with moderate subacromial and subdeltoid bursitis. A right shoulder MRI dated 06/11/12 identifies a high-grade undersurface partial tear of the surgical repaired supraspinatus tendon. In dispute is a decision for Bilateral shoulder injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Shoulder Injection: Upheld

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

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

Decision rationale: Two or three sub- acromial injections of local anesthetic and cortisone preparation over an extended period as part of an exercise rehabilitation program to treat rotator cuff inflammation, impingement syndrome, or small tears. The guidelines express use of sub-acromial injections to treat rotator cuff inflammation, impingement syndrome or small tears. Based upon the extensiveness of the findings of the patient's shoulder MRIs, she does not meet criteria for use of shoulder injections based.