

Case Number:	CM14-0181377		
Date Assigned:	11/06/2014	Date of Injury:	10/21/2013
Decision Date:	12/11/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/31/2014

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 in Pain 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:

The injured worker is a 49-year-old female who reported injury on 10/21/2013. The mechanism of injury was lifting and pulling of heavy boxes. Her diagnoses include right shoulder impingement syndrome, right carpal tunnel syndrome and rule out cervical radiculopathy. Her past treatments include physical therapy, rest, medications, a wrist brace, a home exercise program and injections for pain relief. Diagnostic studies included an x-ray of the right shoulder on 07/30/2014, which showed degenerative changes to the acromioclavicular joint. On 08/27/2014, the injured worker had continued complaints of right shoulder pain. Upon physical examination she had decreased range of motion to the right shoulder and a positive impingement sign. She received a steroid injection to the right subacromial space during this visit. Her medications included acetaminophen. The treatment plan included a course of physical therapy, a brace for carpal tunnel to wear at night, and 2 prescriptions. The rationale for the request was not provided within the documentation. The Request for Authorization was dated 09/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Request for Right Shoulder Injection on 8/27/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Steroid Injections

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 201-205.

Decision rationale: The request for Retrospective for one (1) right shoulder injection on 8/27/2014 is not medically necessary. The California MTUS/ACOEM Guidelines indicate a limited proven value of invasive techniques. However, a subacromial injection of local anesthetic and corticosteroid preparation can be indicated after conservative treatment for two to three weeks, if pain with elevation significantly limits activity. The injured worker was noted to have right shoulder pain at her 08/27/2014 follow-up visit. However, it was not noted that she had activity limitation due to pain with elevation of her right upper extremity. It was also noted that she had completed only 3-4 sessions of physical therapy for her right upper extremity. Therefore, documentation showing the failure of at least 3-4 weeks of conservative treatment is needed to justify more invasive treatment options. As such, the request for Retrospective Request for Right Shoulder Injection on 8/27/2014 is not medically necessary.