

Case Number:	CM14-0020237		
Date Assigned:	04/25/2014	Date of Injury:	01/10/2008
Decision Date:	07/07/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/18/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 44-year-old male with a 1/10/08 date of injury. At the time (1/31/14) of request for authorization for retrospective left sub-acromial injection with Lidocaine 1% 2ml/Marcaine 0.25% 3ml/Kenalog 30 mg DOS: 1/16/2014, there is documentation of subjective (bilateral shoulder pain) and objective (decreased and painful range of motion, positive focal trigger point of the supraspinatus on palpation, positive subacromial tenderness, positive painful arc of abduction, positive Hawkins, Neer, and O'Brien's, and positive weakness in all planes) findings, current diagnosis (bilateral shoulder tenosynovitis), and treatment to date (medications (Norco, Tizanidine, and Prilosec) and activity modification). There is no documentation that the shoulder injection is recommended as part of an exercise rehabilitation program and conservative therapy (i.e., strengthening exercises and NSAIDs) for two to three weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE LEFT SUB-ACROMIAL INJECTION WITH LIDOCAINE 1% 2ML/MARCAINE 0.25% 3ML/ KENALOG 30MGDOS: 1/16/2014: 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: MTUS reference to ACOEM Guidelines identifies that shoulder injection is recommended as part of an exercise rehabilitation program to treat rotator cuff inflammation, impingement, or small tears, and that partial thickness tears can be treated the same as impingement syndrome. ODG identifies documentation of pain with elevation significantly limiting activities and conservative therapy (i.e., strengthening exercises and NSAIDs) for two to three weeks, as criteria necessary to support the medical necessity of subacromial cortisone injections. Within the medical information available for review, there is documentation of a diagnosis of bilateral shoulder tenosynovitis. In addition, there is documentation of a painful arc of motion. However, there is no documentation that the shoulder injection is recommended as part of an exercise rehabilitation program and conservative therapy (i.e., strengthening exercises and NSAIDs) for two to three weeks. Therefore, based on guidelines and a review of the evidence, the request for retrospective left sub-acromial injection with Lidocaine 1% 2ml/Marcaine 0.25% 3ml/Kenalog 30 mg DOS: 1/16/2014 is not medically necessary.