

Case Number:	CM14-0020883		
Date Assigned:	04/30/2014	Date of Injury:	08/06/2008
Decision Date:	07/08/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/19/2014

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 47-year-old female who reported an injury on 08/06/2008. The mechanism of injury was not provided for review. The injured worker's treatment included subacromial decompression of the right shoulder. The injured worker was evaluated on 12/24/2013. It was noted that the injured worker had 60% improvement status postsurgical intervention. It was noted that the injured worker had functional improvement and pain relief from current medications. Physical findings included limited range of motion and tenderness to palpation of the paracervical musculature, diminished sensation in the ulnar nerve distribution of the right hand, and tenderness to palpation of the right shoulder with a keloiding scar, negative acromioclavicular joint tenderness, and 4/5 motor strength with resisted abduction and external rotation. The injured worker's diagnoses included right shoulder status post arthroscopy, rotator cuff repair, subacromial decompression, cervical spine multilevel disc protrusion, right upper extremity radiculopathy, right elbow epicondylitis, compensatory left cubital tunnel syndrome, low back pain, radiculopathy, herniated disc of the lumbar spine, depression and keloid scar. The injured worker's treatment plan included a corticosteroid injection to the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SHOULDER INJECTION UNDER SUBACROMIAL GUIDANCE WITH 10CC OF LIDOCAINE AND 1 CC OF DEXAMETHASONE, (DOS: 12/24/13): 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): 212-214.

Decision rationale: The requested right shoulder injection under subacromial guidance with 10 cc of Lidocaine and 1 cc of dexamethasone for date of service 12/24/2013 is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine does recommend 1 to 2 corticosteroid injections in conjunction with an active functional restoration program. The clinical documentation submitted for review does not provide any indication that the injured worker is currently participating in any type of active therapy to include a self-directed home exercise program. Therefore, the need for a corticosteroid is not clearly indicated. Additionally, the clinical documentation does not specifically identify significant functional benefits that require an invasive procedure such as an injection. As such, the requested right shoulder injection under subacromial guidance with 10 cc of Lidocaine and 1 cc of dexamethasone for date of service 12/24/2013 is not medically necessary or appropriate.