

Case Number:	CM14-0022114		
Date Assigned:	02/26/2014	Date of Injury:	03/04/2009
Decision Date:	10/06/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/21/2014

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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 claimant is a 58-year-old gentleman who was injured on March 4, 2009. The medical records provide for review specific to the claimant's right shoulder included a January 23, 2014 progress report noting increased complaints of pain over the past several months due to increased activities. Physical examination showed significant tenderness over the supraspinatus and biceps tendon, limited range of motion, and positive impingement. Medication management included Percocet, Neurontin, GABA, and a topical compounding cream. The recommendation was made for injections to both the right supraspinatus and biceps tendon. The medical records did not include any imaging reports or documentation of prior injection therapy. The claimant is documented to be status post a right shoulder surgical process in the form of arthroscopy and decompression in 2012. This review is for two injections to the right supraspinatus and biceps tendon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Supraspinatus and Biceps Tendon Injection x 2: 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): 204.

Decision rationale: Based on the California ACOEM Guidelines, the request for Right Supraspinatus and Biceps Tendon injections cannot be recommended as medically necessary. Although the ACOEM Guidelines recommend subacromial injections for treatment of inflammatory findings including impingement, the request for multiple injections in this case would not be indicated. Typically ACOEM Guidelines do not support the role of repeat injections unless there is documentation of significant benefit or long time functional improvement. The request for multiple injections to the claimant's rotator cuff and biceps would not be indicated. Therefore, this request is not medically necessary.