

Case Number:	CM14-0025648		
Date Assigned:	06/13/2014	Date of Injury:	03/28/2013
Decision Date:	07/15/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/28/2014

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, and is licensed to practice in Louisiana. 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 40 year old male who was injured on 3/28/13 while loading a vending machine. He sustained an injury to his right shoulder. Prior medication history included ibuprofen and injection. He has had 11/14 sessions of physical therapy. A physical therapy note dated 12/4/13 documented the patient to have completed 11/14 physical therapy sessions without benefit. The patient reported that his pain increased with certain motions overhead. He has failed over-the-counter medication such as ibuprofen. A physical therapy note dated 9/11/13 reported that the patient continued to have increased pain with certain movement and with fatigue. On exam, there were no new findings. The therapist stated the patient was making steady progress and instructed the patient to continue with current plan of treatment. An ortho consult dated 9/26/13 states that the patient complains of problems with his right shoulder. He rated his pain a 1-2/10, but his pain can increased with overhead function. On exam, he has positive Neer's sign on the right but otherwise a normal exam.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT SHOULDER ULTRASOUND GUIDED INJECTION WITH CELESTONE, LIDOCAINE AND MARACAINE #1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: As per the California MTUS/ACOEM guidelines, if pain with elevation significantly limits activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy (i.e., strengthening exercises and nonsteroidal anti-inflammatory drugs) for two to three weeks. In this case, this patient had injection on 2/5/14, and there is no follow-up documentation to assess the response to treatment. As per the Official Disability Guidelines, a second injection is not recommended if the first has resulted in complete resolution of symptoms, or if there has been no response. The injured worker does not meet these criteria. As such, the request is not medically necessary.