

Case Number:	CM14-0032765		
Date Assigned:	06/20/2014	Date of Injury:	11/21/2013
Decision Date:	07/21/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/14/2014

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 Nevada. 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 32-year-old male injured on 11/21/2013. The mechanism of injury was noted as a motor vehicle accident. The most recent progress note, dated 2/13/2014, indicated that there were ongoing complaints of right shoulder pain, weakness, popping and grinding. Pain was made worse with grabbing or lifting and is improved with rest. The physical examination demonstrated right shoulder with no swelling, no scars and no scapular winging noted. No tenderness to palpation to super scapular, acromioclavicular, sub acromial or biceps. Range of motion is 50 extension, abduction 170, adduction 15 flexion 150 internal rotation 90 and external rotation 55. Muscle strength right upper extremity was 5/5. There was some loss of the anterior deltoid profile, positive Hawkins and positive with some crepitus noted on exam and cross over with "pinching" type sensation. Deep tendon reflexes to the right upper extremity 2+ equal bilateral. X-rays of the right shoulder demonstrated Type II acromion, narrowing of the AC joint and some sclerosis of the humeral footprint. Glenohumeral joint appeared to be intact. Previous treatment included medications such as ibuprofen and Vicodin 5/500. A request had been made for ultrasound-guided right subacromial bursa injection and was not certified in the pre-authorization process on 3/6/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Ultrasound-Guided Right Subacromial Bursa Injection: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Steroid Injections.

Decision rationale: California Medical Treatment Utilization Schedule (CAMTUS) guidelines fail to address cortisone injections of the shoulder. Official Disability Guidelines support steroid injections for specific diagnoses such as adhesive capsulitis, impingement syndrome and rotator cuff problems. One injection is supported for failure of 3 months of conservative treatment, pain interfering with functional activities and is intended for short term control of symptoms to resume conservative medical management. After reviewing the submitted documentation, the records have failed to document a conservative trial to include anti-inflammatories or physical therapy for at least 3 months. As such, the request is deemed not medically necessary.