

Case Number:	CM14-0039048		
Date Assigned:	06/25/2014	Date of Injury:	05/06/2011
Decision Date:	08/08/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	03/28/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 60-year-old female who was reportedly injured on May 6, 2011. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated 13 March 2014, indicated that there were ongoing complaints of neck pain, back pain, and right shoulder pain. The physical examination demonstrated tenderness of the cervical spine musculature, full cervical spine range of motion and a negative Spurling's test. Examination of the right shoulder noted limited range of motion and weakness with resisted function. There was tenderness over the anterior aspect, a positive Hawkins test, a positive cross arm test and pain with resisted abduction. There was a normal upper extremity neurological examination. A right shoulder subacromial/subdeltoid steroid injection was requested. Previous treatment included acupuncture without lasting relief. A request was made for right shoulder subacromial/subdeltoid steroid injection and was not certified in the pre-authorization process on March 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder subacromial/ subdeltoid steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): Table 9-3, Page: 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- TWC Shoulder Procedure Summary.

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, updated April 25, 2014.

Decision rationale: A review of the medical record indicated the injured employee had previously received right shoulder subacromial steroid injections which did not provide any significant lasting benefit. Considering that these previous injections were not beneficial, this request for another right shoulder subacromial/subdeltoid steroid injection is not medically necessary.