

Case Number:	CM14-0049007		
Date Assigned:	06/25/2014	Date of Injury:	03/30/2011
Decision Date:	07/25/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/26/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 44-year-old female who reported an injury on 03/30/2011. The mechanism of injury was not provided. The clinical note dated 03/04/2014 presented the injured worker with complaints of right shoulder, right elbow, neck, and right hand pain. Prior treatment included chiropractic care, surgery, physical therapy, and medications. Upon examination of the cervical spine, there was spasm and tenderness noted over the paravertebral muscles bilaterally and cervical facet tenderness at C2, C3, and C4. Examination of the wrist revealed a positive Phalen's and a positive Tinel's sign with tenderness to palpation over the radial side. Diagnoses were lateral epicondylitis and carpal tunnel syndrome. The provider recommended a shoulder injection. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, TWC, Online Edition, Shoulder (Acute & Chronic), Steroid Injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): page(s) 201-205.

Decision rationale: The request for a right shoulder injection is not medically necessary. California MTUS/ACOEM Guidelines state invasive techniques have limited proven value. If pain with elevation significantly limits activities, a subacromial injection of local anesthetic corticosteroid preparation may be indicated after conservative therapy, which would include physical therapy and medication for 2 to 3 weeks, have failed. The evidence supporting such an approach is not overwhelming and the total number of injections should be limited to 3 per episode, allowing for assessment of benefit between injections. The included medical documentation revealed an undated electro diagnostic study that revealed residual carpal tunnel syndrome and right C6 radiculopathy. Documented treatments include chiropractic therapy and physical therapy sessions that were reported to be beneficial. Examination findings revealed tenderness over the C2, C3, and C4 facets with unremarkable reflex and motor evaluations. The request is made for an unspecified right shoulder injection and the requesting provider did not provide a rationale. The physical examination findings lacked evidence of objective evaluation to the right shoulder to further support the necessity of the requested procedure. As such, the request is not medically necessary.