MAXIMUS Federal Services

Case Number:	CM14-0052302		
Date Assigned:	07/07/2014	Date of Injury:	04/21/2001
Decision Date:	08/29/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/21/2014

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 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 51 year-old female who was injured on 4/21/01. The mechanism of injury was lifting. The most recent progress notes dated 3/20/2014 and 5/2/2014, indicate that there are ongoing complaints of back pain and right scapular pain. Physical examination demonstrated tenderness to the paracervicals, scalene muscle, trapezius and levator scapulae; decreased cervical spinal rotation with pain; motor strength at the right triceps 4/5, and 5/5 in upper extremity bilaterally; positive Spurling's test; crepitus and pain with right shoulder range motion; acromioclavicular prominence enlarged with joint tenderness; and positive Adduction, Hawkins and Impingement of right shoulder. An MRI of the right shoulder supposedly demonstrated rotator cuff tendinosis, but the report was not available for review. Electromyogram/nerve conduction velocity of the upper extremities dated 4/29/14 showed a very mild left carpal tunnel syndrome. Plain radiographs of the right shoulder dated 3/20/14 demonstrated right acromioclavicular joint arthritis. Previous treatment includes acupuncture, chiropractic, physical therapy, injections and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic Test Ultrasound of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207. Decision based on Non-MTUS Citation Official Disability Guidelines, Ultra sound & MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG -TWC/ODG Integrated Treatment/Disability Duration Guidelines; Shoulder (Acute & Chronic) - Steroid Injections: (updated 7/29/14).

Decision rationale: The Official Disability Guidelines support steroid injections for specific diagnoses: adhesive capsulitis, impingement syndrome, and rotator cuff problems. Review of the available medical records documents a recommendation for an ultrasound acromioclavicular injection with diagnostic evaluation. Ultrasound is not supported for an acromioclavicular joint injection. As such, the request is not considered medically necessary.

Cortisone injection for the right shoulder #1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (web: updated 01/20/2014) Steroid Injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG -TWC/ODG Integrated Treatment/Disability Duration Guidelines; Shoulder (Acute & Chronic) - Steroid Injections: (updated 7/29/14).

Decision rationale: The Offical Disability Guidelines support steroid injections for specific diagnoses: adhesive capsulitis, impingement syndrome, and rotator cuff problems. One injection is supported if failure of 3 months of conservative treatment, pain interferes with functional activities, and is intended for short-term control of symptoms to resume conservative medical management. Review of the available medical records documents a recommendation for an ultrasound acromioclavicular injection with diagnostic evaluation. Furthermore, the injured workers' main complaint is back and scapular pain. Without further clinical clarification, the request is not considered medically necessary.