

Case Number:	CM14-0075030		
Date Assigned:	07/16/2014	Date of Injury:	10/15/2010
Decision Date:	09/22/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	05/22/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Tennessee. 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 54 year old male with a 10/15/10 injury date. He injured his left shoulder while moving a filing cabinet. However, in a 5/5/14 report, the patient complains of right shoulder pain as well and is given a diagnosis of left shoulder adhesive capsulitis and right shoulder impingement syndrome. Objective findings include positive Neer and Hawkins tests on the right shoulder, left shoulder abduction to 120 degrees, full right shoulder range of motion, and no motor or sensory deficits bilaterally. MR arthrography left shoulder on 9/12/13 demonstrates a partial thickness tear, supraspinatus tendon, partial thickness tear, subscapularis tendon, and a type IIC SLAP tear. Diagnostic impression: right shoulder impingement syndrome, left shoulder adhesive capsulitis. Treatment to date: physical therapy (10 sessions), Lidoderm patches, medication management. A UR decision dated 5/16/14 denied the request for drain/inject joint/bursa on the basis that there was limited documentation of patient's pain levels, level of function, and prior conservative therapy. Treatment to date: physical therapy (10 sessions), lidoderm patches, medication management. A UR decision dated 5/16/14 denied the request for drain/inject joint/bursa on the basis that there was limited documentation of patient's pain levels, level of function, and prior conservative therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Drain / inject joint / bursa: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Shoulder Chapter.

Decision rationale: CA MTUS does not address this issue. ODG states that for rotator cuff disease, corticosteroid injections may be superior to physical therapy interventions for short-term results, and a maximum of three are recommended. If pain with elevation is significantly limiting activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy (i.e., strengthening exercises and NSAIDs) for two to three weeks, but the evidence is not yet overwhelming, and the total number of injections should be limited to no more than three. In the present case, the patient has complaints and pathology in both shoulders, and it is not clear from the documentation in which shoulder the injection is to be given or which space (subacromial versus intra-articular). For example, the left shoulder diagnosis is adhesive capsulitis and the right shoulder diagnosis is impingement syndrome. In the former, the injection would be given in the intra-articular space and in the latter in the subacromial space. The physical exam and available imaging findings are also not consistent with the given diagnoses. For example, the left shoulder diagnosis is currently adhesive capsulitis, but the patient exhibits full range of motion. In addition, from review of the documents, the patient's complaints and exam findings are highly inconsistent. It is also not clear how the patient has responded to prior shoulder physical therapy. It is recommended that the patient's current symptoms and clinical exam with regards to his shoulders be clearly delineated along with a clear proposed site of injection based upon a solid working diagnosis. Therefore, the request for Drain / inject joint / bursa is not medically necessary.