

Case Number:	CM14-0095204		
Date Assigned:	09/15/2014	Date of Injury:	04/28/2001
Decision Date:	11/05/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/23/2014

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, has a subspecialty in Hand Surgery and is licensed to practice in Texas. 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 58-year-old male who reported an injury on 04/28/2001. The mechanism of injury was not provided. On 04/15/2014, the injured worker presented with bilateral shoulder pain. Upon examination of the bilateral shoulder, there was tenderness to the sternoclavicular joint, anterior capsule and acromioclavicular joints. There is crepitus upon range of motion with pain. There is a positive Neer's, Hawkins, and impingement sign. There is 4/5 strength and +2 deep tendon reflexes in the upper extremities. The diagnoses were adhesive capsulitis of the bilateral shoulders; status post left shoulder arthroscopy on 03/10/2005; small partial thickness supraspinatus tear on 12/17/2008; status post right shoulder arthroscopy on 01/2002; and spondylolisthesis of the L4-5 and S1. Prior therapy included surgery and medications. The provider recommended a retrospective intra-articular injection and a consultation with a shoulder specialist. 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:

Retrospective: Intra-Articular Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Online Version

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

Decision rationale: The request for a retrospective intra-articular injection is not medically necessary. The California MTUS/ACOM Guidelines state invasive techniques have limited proven value. If pain with elevation significantly limits activities, a subacromial injection of local anesthetics and a cortisone preparation may be indicated after conservative therapy. The evidence supporting such an approach is not overwhelming. The number of injections should be limited to 3 per episode, allowing for assessment and benefit between injections. There was lack of documentation that the injured worker had failed a course of conservative treatment. There was lack of documentation that the injured worker has pain elicited specifically with elevation that would limit activities. Additionally, the provider's request does not indicate the site at which the injection is intended for, or the amount of injections that are requested in the request as submitted. As such, this request is not medically necessary.

Consultation with a shoulder specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter 7- Independent Medical Examinations and Consultations

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), updated guidelines, Chapter 6, page 163.

Decision rationale: The request for a consultation with a shoulder specialist is not medically necessary. The California MTUS/ACOM Guidelines state that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, and the determination of medical disability and permanent residual loss and fitness to return to work. There was no clear rationale to support the need for a consultation. There is lack of documentation of how a shoulder specialist would allow the injured worker to be involved in a treatment plan and goals for the injured worker. As such, this request is not medically necessary.