

Case Number:	CM14-0170755		
Date Assigned:	10/23/2014	Date of Injury:	06/15/2014
Decision Date:	01/08/2015	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/15/2014

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 California. 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 53 year old female claimant with an industrial injury dated 06/15/12. The patient is status post a right shoulder arthroscopy with rotator cuff repair dated 01/26/13, and a right elbow open lateral epicondylar debridement with repair of extensor mass partial tear as of 03/21/14. MRI of the left shoulder dated 10/26/12 reveals a 11 millimeter wide full thickness tear of the anterior margin of the distal supraspinatus tendon, with 14 millimeters medial retraction of the tendon. There was also severe tendinopathy and moderate undersurface excoriation of the distal infraspinatus tendon. The MRI also revealed mild tendinopathy of the distal subscapularis tendon as well as mild fibrotic reaction, and mild osteoarthritis of the acromioclavicular joint and mild subacromial compression of the rotator cuff. Conservative treatments have included left shoulder injections, medications, chiropractic treatments, and activity modification with little improvement. Exam note 09/15/14 states the patient returns with left elbow and shoulder pain. Upon physical exam of the left shoulder the patient had a 4/5 motor strength. Also the patient completed a positive Neer and Hawkins test. A repeat Kenalog injection was given to the left shoulder subacromial space is requested but it is noted that the injection only provides one month of pain relief. Treatment plan also includes a left shoulder arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kenalog Injection Left Shoulder on 6/25/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205, 212-214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 2013 Updates, Shoulder Chapter, Steroid Injections

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

Decision rationale: According to CA MTUS/ACOEM guidelines 2nd edition, Chapter 9, Shoulder complaints, page 204, Initial care, subacromial injection may be indicated after conservative therapy for two to three weeks. In this case there are no physical exam findings from 6/25/14 or documented conservative care that has been attempted and failed. Therefore the guideline has not been satisfied and determination is not medically necessary.