

Case Number:	CM14-0179447		
Date Assigned:	11/03/2014	Date of Injury:	02/05/2013
Decision Date:	01/27/2015	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/29/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 46-year-old woman who sustained a work-related injury on February 5, 2013. Subsequently, the patient developed a chronic right shoulder pain. According to a progress report dated on June 4, 2014, the patient was complaining of ongoing right and left shoulder pain with a severity rated 7-8/10 with stiffness. The patient physical examination demonstrated right shoulder tenderness. The he is a sensory motor examination was normal. His MRI demonstrated a well decompressed subacromial space. According to another report dated on September 22, 2014, the patient was complaining of left shoulder pain with a severity rated 9/10, lower back pain with a severity rated 8/10 radiating to both legs the patient was diagnosed with bilateral shoulder pain and impingement, bilateral shoulder arthrosis, right shoulder rotator cuff tendinosis. The provider requested authorization for injection of lidocaine and Marcaine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro 1cc Lidocaine, 1cc Marcaine 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), Pain, Injection with anesthetics and/ or steroids.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213.

Decision rationale: According to MTUS guidelines, shoulder complaints chapter, shoulder injection two or three sub- prolonged or frequent use acromial injections of cortisone injections local anesthetic and into the sub-acromial cortisone preparation space or the shoulder over an extended joint (D) period as part of an exercise rehabilitation program to treat rotator cuff inflammation, impingement syndrome, or small tears (C, D). Reviewing the patient file, it is not clear and there is no documentation about which part of the body is injected. If this injection is for the patient shoulder condition, there is no clinical or radiological evidence supporting that the patient is suffering from a rotator cuff inflammation, impingement syndrome, or small tears. There is no documentation that the treatment is a part of a rehabilitation program. Therefore, the request for Retro 1cc Lidocaine, 1cc Marcaine Injection is not medically necessary.