

Case Number:	CM14-0181252		
Date Assigned:	11/06/2014	Date of Injury:	04/13/2013
Decision Date:	02/10/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/31/2014

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 44-year-old man who sustained a work-related injury on April 13, 2013. Subsequently, the patient developed a chronic right shoulder pain and was diagnosed with the subacromial bursitis and partial thickness of rotator cuff. The patient was treated with a right shoulder injection, however no documentation of the outcome of the injections. According to a progress report dated on September 23, 2014, the patient was complaining of ongoing right shoulder pain despite physical therapy, acupuncture and steroid injections. The patient physical examination demonstrated right shoulder tenderness with reduced range of motion. The patient was diagnosed with. The provider requested authorization for another right shoulder injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: According to MTUS guidelines, "Two or three sub-acromial injections of local anesthetic and cortisone preparation over an extended period as part of an exercise

rehabilitation program to treat rotator cuff inflammation, impingement syndrome, or small tears (C, D) diagnostic lidocaine injections to distinguish pain sources in the shoulder area (e.g., impingement)." There is no documentation of significant pain and functional improvement as well as reduction of pain medications use with previous right shoulder injections. Therefore, the request is not medically necessary.