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| Case Number: | CM14-0199127 | | |
| Date Assigned: | 12/09/2014 | Date of Injury: | 06/22/2007 |
| Decision Date: | 01/23/2015 | UR Denial Date: | 11/10/2014 |
| Priority: | Standard | Application Received: | 11/26/2014 |

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:

This is a 59 year old female worker with an injury to the right shoulder. The date of injury was August 22, 2007. Diagnoses include multiple disk lesions of the cervical spine with radiculitis, right shoulder impingement, adhesive capsulitis with rotator cuff tendinitis and status post right shoulder arthroscopy. On July 2, 2014, the injured worker complained of pain in the right shoulder that radiated to the right side of her neck. She also complained of numbness and tingling in the arms as well as the hands and muscle spasms in the hands and legs. Physical examination revealed tenderness to palpation over greater tuberosity of the humerus and a positive Impingement test. There were well healed portals secondary to arthroscopic surgery. Range of motion included forward flexion of 85 degrees, abduction of 50 degrees, extension of 20 degrees, internal rotation of 45 degrees and external rotation of 70 degrees. The medical record was lacking treatment modalities. Treatment plan notes stated that they continue to request authorization for a right shoulder injection manipulation under anesthesia with shoulder CPM and immediate physical therapy. A request was made for right shoulder injection and manipulation under anesthesia. On November 10, 2014, utilization review denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Injection, manipulation under anesthesia: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 3.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Shoulder Complaints Page(s): 213.

Decision rationale: According to MTUS guidelines, shoulder injection is recommended as a part of rehabilitation program to treat rotator cuff and impingement syndrome. There is no documentation of the previous treatment modalities and the outcome of their previous use. There is no clear documentation that a rehabilitation program will parallel shoulder injection. Therefore, Right Shoulder Injection, manipulation under anesthesia is not medically necessary.