

Case Number:	CM15-0002952		
Date Assigned:	01/13/2015	Date of Injury:	10/31/2014
Decision Date:	03/23/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/06/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61-year-old male who reported an injury on 10/31/2014. The mechanism of injury was due to while trying to release a bundle of paper in a machine used to wrap bundles of paper, the injured worker forcefully pulled the bundle off the machine feeling a pop in the neck and shoulder followed by sharp pain. Past medical treatment consists of physical therapy and medication therapy. Medications include Flurflex, TGH topical analgesia, and naproxen. No pertinent diagnostics were submitted for review. On 12/09/2014, the injured worker complained of neck pain and right upper extremity pain. The physical examination noted there was tenderness at the cervical spine to palpation and spasm bilaterally. Examination of the shoulder revealed decreased motor strength at 4/5. There was decreased sensation to the right anterolateral aspect of the shoulder. There was a positive compression test. Right shoulder acromion process was decreased with range of motion. There was additionally positive Neer/Codman's/supraspinatus tests. Medical treatment plan was for the injured worker to undergo right shoulder injection. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder 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): 201-205.

Decision rationale: The request for right shoulder injection is not medically necessary. The California MTUS/ACOEM Guidelines state that invasive techniques have limited proven value. The pain with elevation significantly limits activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy to include physical medicine and nonsteroidal anti-inflammatory drugs, for 2 or 3 weeks. The evidence supporting injections is overwhelming. The total number of injections should be limited to 3 per episode, allowing for assessment of benefit between injections. It was noted in the submitted documentation that the injured worker had undergone previous injections. However, the efficacy of injections was not submitted for review. Additionally, there were no assessments measuring pain levels of the injured worker via VAS. Furthermore, there was no indication of the injured worker having undergone a strengthening program or nonsteroidal anti-inflammatory medications. Given the above, the request would not be indicated. As such, the request is not medically necessary.