

<b>Case Number:</b>	CM15-0009622		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	01/11/2001
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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: Georgia, California, Texas  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 60 year old male who sustained an industrial injury on January 11, 2001. He has reported left shoulder and arm pain and has been diagnosed with left shoulder acromioclavicular injury, left shoulder sternoclavicular injury, cervical strain, and bilateral wrist sprain. Treatment to date has included subacromial injection, medications, chiropractic therapy, acupuncture, physical therapy, and pool therapy. Currently the injured worker complains of persistent left shoulder and arm pain. The treatment plan included subacromial injection and a dental specialist. On December 20, 2014 Utilization Review non certified 1 second left shoulder subacromial injection and 1 consultation with a dental specialist citing the MTUS, ACOEM, and Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Second left shoulder subacromial injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic)

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

**Decision rationale:** ACOEM Guidelines states: "Invasive techniques have limited proven value. If pain with elevation significantly limits activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy (i.e., strengthening exercises and nonsteroidal antiinflammatory drugs) for two to three weeks. The evidence supporting such an approach is not overwhelming. The total number of injections should be limited to three per episode, allowing for assessment of benefit between injections." Injured worker (IW) received a left shoulder subacromial injection on 10/01/14, and per records has had at least one injection prior to that time. 10/29/14 office note documented no change in pre-injection 7/10 pain level to the left shoulder and no change in physical exam findings to the left shoulder. 11/26/14 office note stated that IW received "substantial improvement" following left shoulder injection, followed by return to pre-injection pain level. However, specific change in VAS pain level, functional improvement, or reduction in medication use is not documented during period in which injection was effective. Due to the brief nature of response to the most recent injection and lack of documented functional improvement, medical necessity is not established for repeat subacromial injection.

**1 consultation with dental specialist:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 80.

**Decision rationale:** ACOEM Guidelines states: "The clinician should judiciously select and refer to specialists who will support functional recovery as well as provide expert medical recommendations." Per a detailed dentistry/cranio-mandibular QME report dated 4/26/11, IW sustained a significant head injury with facial/dental trauma following 12 to 14 foot fall from a ladder on date of injury. Subsequent problems identified included loss of dental crown on tooth #2, temporomandibular dysfunction with episode of jaw locking requiring ER visit, bruxism, parafunctional behaviors, and evidence of malocclusion. In addition, there was symptomatic xerostomia with acidic dry mouth confirmed by testing, as a result of multiple industrial medications. Future treatment recommendations included use of an oral appliance and oral exams every 3-4 months for salivary flow and presence of caries involving the dentition. Based upon the submitted information, the requested consultation with a dental specialist is reasonable and medically necessary, consistent with MTUS recommendations.