

Case Number:	CM15-0137164		
Date Assigned:	07/27/2015	Date of Injury:	02/10/2010
Decision Date:	08/21/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/15/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 63 year old male sustained an industrial injury to the right shoulder on 2/10/10. Previous treatment included right shoulder arthroscopy with decompression and Mumford procedure (7/24/12), right shoulder arthroscopy with decompression (9/2/11), physical therapy, aquatic therapy, injections (most recent 2/6/15), transcutaneous electrical nerve stimulator unit, home exercise and medications. In a progress note dated 4/5/15, the injured worker complained of constant right shoulder pain with radiation down the arm associated with difficulty using his hand to grip or lift objects. In a new patient evaluation dated 6/5/15, the injured worker complained of increasing neck pain rated 8/10 on the visual analog scale with radiation to the right shoulder. Physical exam was remarkable for cervical spine with decreased range of motion, tenderness to palpation to the cervical and occipital nerve, positive right Spurling's sign, right shoulder with reduced and painful range of motion, positive rotator cuff sign and pain to percussion along the suprascapular nerve. Current diagnoses included injury of shoulder region and shoulder pain. The treatment plan included continuing home exercise, starting anti-inflammatory cream and requesting authorization for right shoulder injection under ultrasound guidance and sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder injection under ultrasound guidance and sedation: 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 Chapter, Steroid injections.

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

Decision rationale: According to the guidelines, up to 3 shoulder injections are recommended for rotator cuff injuries, inflammation and impingement syndrome as well as tears of the rotator cuff. In this case, the claimant has already undergone shoulder surgery. In addition, there is no indication for need for ultrasound guidance or anesthesia, which are not routinely needed for shoulder injections. The request is therefore not medically necessary.