

Case Number:	CM15-0138192		
Date Assigned:	07/28/2015	Date of Injury:	08/22/1997
Decision Date:	08/31/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/16/2015

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: California, Texas, New Mexico
 Certification(s)/Specialty: Anesthesiology

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 64 year old female patient who sustained an industrial injury on 08/22/1997. The accident was described as while working she tripped and fell on a sprinkler resulting in injury. She did received treatment, pain management, and subsequently underwent surgery in 2006 of the right shoulder. A recent primary treating office visit dated 01/06/2015 reported the patient with subjective complaint of cervicgia pain, left side greater. She is with ongoing bilateral shoulder pain. The impression found the patient with cervicgia; status post right shoulder repair; left shoulder pain, and left shoulder rotator cuff tear. The patient has permanent work restrictions. There is recommendation to undergo a magnetic resonance imaging study of the left shoulder with contrast. At a primary follow up dated 06/23/2015 the plan of care noted recommending a left shoulder injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 lidocaine, marcaine and kenalog injections= to left shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic), Steroid Injection.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 48, 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) Steroid Injection.

Decision rationale: This is a review for the requested lidocaine, marcaine and kenalog injection (one) to the left shoulder. According to the MTUS guidelines invasive techniques have limited proven value, however, an injection of corticosteroid and local anesthetic may be indicated after conservative treatment. The total number of injections should be limited to three and an assessment of benefit should be made after each injection. Typically these injections are reserved for patients who do not improve with conservative therapy. According to the medical documentation this patient continues to have pain despite conservative therapy. According to the ODG this patient meets the criteria for one steroid injection. The patient has a diagnosis of a rotator cuff problem and pain not adequately controlled after several months of other treatment. Again, only one injection is recommended to start. After the injection there should be an evaluation and demonstration of response and/or resolution of symptoms. For these reasons the above listed issue is considered to be medically necessary.