

Case Number:	CM15-0138272		
Date Assigned:	07/28/2015	Date of Injury:	07/25/2011
Decision Date:	08/31/2015	UR Denial Date:	06/24/2015
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, North Carolina
 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:

The injured worker is a 40 year old male, who sustained an industrial injury on July 25, 2011. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having right shoulder status post arthroscopic labral and subscapularis debridements, chondroplasty of glenoid, subacromial decompression, Mumford procedure, rotator cuff repair, postoperative adhesive capsulitis and right-sided chronic chest pain. Treatment to date has included diagnostic studies, surgery, injection, home exercises and physical therapy. Currently, the injured worker complained of pain in his shoulder including the axillary area. Notes stated that after surgery, he had a subacromial injection that provided 80% relief for a short period of time. The treatment plan included medication and home exercises. On June 24, 2015, Utilization Review non-certified the request for retrospective right glenohumeral joint injection 7 cc Lidocaine & 1 cc Kenalog, citing California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Right Glenohumeral Joint Injection 7cc Lidocaine & 1cc Kenalog: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213, table 9-6.

Decision rationale: ACOEM Guidelines state that corticosteroid shoulder injections are indicated for adhesive capsulitis, impingement syndrome or rotator cuff problems which are not adequately controlled by conservative measures (PT, medications) after 3 months. In this case, there is no discussion as to whether these conservative modalities have been performed. In addition, the patient had a previous shoulder injection which provided only a short period of pain relief and no documentation of functional improvement. Therefore, this request is deemed not medically necessary or appropriate.