

Case Number:	CM15-0139373		
Date Assigned:	07/29/2015	Date of Injury:	11/13/2003
Decision Date:	08/31/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/17/2015

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
Certification(s)/Specialty: Emergency 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 44-year-old male, who sustained an industrial injury on November 13, 2003. Treatment to date has included MRI of the cervical spine, MRI of the lumbar spine, MRI of the right shoulder, lumbar facet joints steroid injection, right sacroiliac joint steroid injection, decompression of subacromial space with partial acromioplasty and coracoacromial release of the right shoulder, modified work duties and medications. Currently, the injured worker complains of increased right shoulder pain when lying on the shoulder and with driving. He reports that Norco helps relieve his pain and allows him to slightly increase his activity level. On physical examination, the injured worker has tenderness to palpation of the right elbow and the right shoulder acromioclavicular joint more than the glenohumeral. The diagnoses associated with the request include right shoulder pain and status post right shoulder subacromial decompression. The treatment plan includes right shoulder acromioclavicular joint and subacromial bursa steroid injection, physical therapy for the right shoulder, continuation of Norco, and modified work duties.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder acromioclavicular joint and subacromial bursa steroid injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, (2008 Revision) pages 555-556; Official Disability Guidelines (ODG), Shoulder Chapter, updated 02/25/15.

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

Decision rationale: As per ACOEM guidelines, Shoulder injections up to two or three sub-acromial injections as part of physical rehabilitation program may be appropriate. However, there is no documentation reasoning for injection and long-term plan concerning injection. Injection has no long-term benefit and short-term pain control is insufficient reason for injection. While there has been repeated request for physical therapy noted, documentation fails to note if PT is ongoing or if any benefit has been gained from PT. The lack long-term plan does not support need for shoulder injection request.