

Case Number:	CM15-0142167		
Date Assigned:	08/03/2015	Date of Injury:	11/25/2014
Decision Date:	08/31/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/22/2015

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 39 year-old female who sustained an industrial injury on 11/25/14. She reported right shoulder pain status post fall. Diagnoses include shoulder impingement syndrome, and joint pain shoulder. Diagnostic testing and treatment to date has included radiographic imaging, physical therapy, sling, and injection (with no improvement). Currently, the injured worker complains of significant pain to the right shoulder; her pain has worsened, and she has weakness and numbness in her right upper extremity. Requested treatments include steroid injection of the right acromioclavicular (AC) joint and subacromial space. The injured worker's status is not addressed. Date of Utilization Review: 06/24/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Steroid injection of the right acromioclavicular (AC) joint and subacromial space: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 204, 213.

Decision rationale: The requested Steroid injection of the right acromioclavicular (AC) joint and subacromal space is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 9, Shoulder Complaints, Steroid injections, Page 204 and 213, note "Conservative care, including cortisone injections, can be carried out for at least three to six months before considering shoulder (rotator cuff tear) surgery" and recommend this treatment for impingement syndrome if pain has not been adequately controlled by recommended conservative treatments (physical therapy and exercise, NSAIDs or acetaminophen) after at least 3 months. The injured worker has significant pain to the right shoulder; her pain has worsened, and she has weakness and numbness in her right upper extremity. The treating physician has not documented objective evidence of functional improvement from previous shoulder injections. The criteria noted above not having been met, Steroid injection of the right acromioclavicular (AC) joint and subacromal space is not medically necessary.