

Case Number:	CM15-0185868		
Date Assigned:	09/28/2015	Date of Injury:	12/03/2010
Decision Date:	11/10/2015	UR Denial Date:	08/29/2015
Priority:	Standard	Application Received:	09/21/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 is a 41-year-old female with a date of industrial injury 12-3-2010. The medical records indicated the injured worker (IW) was treated for exacerbation of underlying cervical disc disease and left shoulder impingement with post-traumatic adhesive capsulitis. In the 7-7-15 progress notes, the IW reported left-sided neck pain with radiation into the left shoulder. Objective findings on 7-7-15 included left shoulder range of motion 160 degrees flexion, 50 degrees extension, 160 degrees abduction, 20 degrees adduction, 40 degrees external rotation and 60 degrees internal rotation. Hawkins and Neer tests were positive. Treatments included physical therapy and medications (Methadone and Hydrocodone-acetaminophen). The IW was totally disabled. The notes (7-7-15) indicated the provider believed the left shoulder was more likely the source of pain, rather than the neck, and recommended the left shoulder injection followed by physical therapy. A Request for Authorization dated 8-19-15 was received for one ultrasound guided subacromial left shoulder corticosteroid injection. The Utilization Review on 8-29-15 non-certified the request for one ultrasound guided subacromial left shoulder corticosteroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) ultrasound guided subacromial left shoulder corticosteroid injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): General Approach.

Decision rationale: Per the ACOEM guidelines with regard to shoulder injection: Invasive techniques have limited proven value. If pain with elevation significantly limits activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy (i.e., strengthening exercises and non-steroidal anti-inflammatory drugs) for two to three weeks. The evidence supporting such an approach is not overwhelming. The total number of injections should be limited to three per episode, allowing for assessment of benefit between injections. The documentation submitted for review does not contain evidence that the injured worker has failed conservative therapy with muscle relaxants for this episode of shoulder pain. The use of conservative care should be attempted and failed before invasive procedures are advised. The request is not medically necessary.