

Case Number:	CM15-0188920		
Date Assigned:	09/30/2015	Date of Injury:	06/24/2014
Decision Date:	11/19/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/25/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 59 year old female, who sustained an industrial injury on 6-24-14. The injured worker was diagnosed as having right shoulder impingement syndrome; acromioclavicular joint degenerative joint disease; long head of biceps tendinitis. Treatment to date has included physical therapy; Status post right shoulder arthroscopy diagnostic-therapeutic, glenohumeral joint partial synovectomy, labral debridement, subacromial decompression, distal clavicle excision (9-3-15); medications. Currently, the PR-2 notes dated 7-24-15 are hand written and difficult to decipher. These notes appear to indicate the injured worker complains of ongoing right shoulder-right upper extremity pain. Surgery and postoperative physical therapy has been authorized, topical agents very helpful, intermittent numbness and tingling to right hand. The injured worker is a status post right shoulder arthroscopy diagnostic-therapeutic, glenohumeral joint partial synovectomy, labral debridement, subacromial decompression, distal clavicle excision on 9-3-15. The provider notes objective findings of "right shoulder positive Hawkin's, positive Neer's; tender to palpation shoulder, positive Speed's" [the rest is illegible to this reviewer]. The procedure reports submitted document date of service 1-14-15 Ultrasound guided bicep tendon injection right shoulder 75% relief; 4-6-15 Ultrasound guided bicep tendon injection right shoulder 10% relief and 4-23-15 Ultrasound guided bicep tendon injection right shoulder 0% relief. The injured worker has had more than these three Ultrasound guided bicep tendon injection right shoulder procedures in 2014 and 2015. A Request for Authorization is dated 9-21-15. A Utilization Review letter is dated 9-14-15 and non-certification was Retrospective Ultrasound guided bicep tendon injection

right shoulder DOS: 4-23-15. Please note: Utilization Review authorized retrospective Ultrasound guided bicep tendon injections for the right shoulder for dates of service 1-14-15 and 4-6-2015. A request for authorization has been received for Retrospective Ultrasound guided bicep tendon injection right shoulder DOS: 4-23- 15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Ultrasound guided bicep tendon injection right shoulder DOS: 4/23/2015:
Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

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

Decision rationale: MTUS is silent on this issue. ACOEM/Shoulder provides limited and equivocal support for up to 3 shoulder injections. A rationale for proceeding beyond these initial injections is unclear. This request is not medically necessary.