

Case Number:	CM15-0206846		
Date Assigned:	10/23/2015	Date of Injury:	10/25/2013
Decision Date:	12/09/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/20/2015

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 10-25-13. The injured worker reported right shoulder pain with radiation to the right upper extremity. A review of the medical records indicates that the injured worker is undergoing treatments for left shoulder impingement syndrome, right cubital tunnel syndrome and bilateral carpal tunnel syndrome. Medical records dated 9-10-15 indicate pain rated at 6 to 7 out of 10. Treatment has included physical therapy, magnetic resonance imaging, electromyography, nerve conduction velocity study; status post left shoulder subacromial decompression, Ibuprofen and radiographic studies. Objective findings dated 9-10-15 were notable for left shoulder with palpable tenderness to the anterolateral aspect, decreased bilateral range of motion and pain upon range of motion, palpable tenderness to bilateral wrists with decreased bilateral wrist range of motion. The original utilization review (10-6-15) partially approved a request for Cortisone Injections, Bilateral Subacromial Spaces and Bilateral AC Joints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone Injections, Bilateral Subacromial Spaces and Bilateral AC Joints: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation ACOEM Guidelines, Current Version, July 2012, Shoulder Disorders, Rotator Cuff Tendinopathies, Sub-acromial injection.

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

Decision rationale: ACOEM advises that invasive techniques for treating shoulder injuries have only limited data to support effectiveness. Such an injection is particularly not indicated on the right shoulder in this case since the records document only limited past treatment on this side. For this reason, the request as written for bilateral injections is not supported by ACOEM or by the medical records. The request is not medically necessary.