

Case Number:	CM15-0208661		
Date Assigned:	10/27/2015	Date of Injury:	10/04/2013
Decision Date:	12/08/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/23/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 was a 58 year old female, who sustained an industrial injury, October 4, 2013. The injured worker was undergoing treatment for left shoulder pain, impingement syndrome, cubital tunnel syndrome and carpal tunnel syndrome. According to progress note of August 31, 2015, the injured worker's chief complaint was left shoulder pain, left elbow pain and left hand paresthesias. The pain was described as dull, sharp, burning, pins and needles, throbbing and constant. The severity of symptoms was described as severe with profound limitations. The treating physician administered an injection into the left shoulder of Marcaine 2cc, Lidocaine 2cc and Depo Medrol 1cc. The injection gave the injured worker 70% relief while the anesthetic was working. The injured worker previously received the following treatments physical therapy for the left shoulder, Anaprox, Prilosec, Ultracet, chiropractic care, topical creams, massage, electrical stimulation, Tramadol and Omeprazole and left shoulder subacromial injections (of Marcaine 2cc, Lidocaine 2cc and Depo Medrol 1cc) on August 31, 2015. The RFA (request for authorization) dated August 31, 2015; the following treatments were requested retrospective payment for a left shoulder subacromial injections (of Marcaine 2cc, Lidocaine 2cc and Depo Medrol 1cc) given at the August 31, 2015 office visit. The UR (utilization review board) denied certification on October 9, 2015; for retrospective left shoulder subacromial injections (of Marcaine 2cc, Lidocaine 2cc and Depo Medrol 1cc) of August 31, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left shoulder subacromial injection (Marcaine 2cc, Lidocaine 2cc, Depo Medrol 1cc):
Overturned

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

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

Decision rationale: According to the guidelines, 2-3 injections are recommended for rotator cuff injuries and impingement syndrome. In this case, the claimant's imaging was consistent with a partial tear and the exam findings were consistent with impingement. The shoulder injection provided is medically necessary.