

Case Number:	CM15-0020429		
Date Assigned:	02/10/2015	Date of Injury:	05/02/2014
Decision Date:	04/08/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/03/2015

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 was a 39 year old female, who sustained an industrial injury, May 2, 2014. According to progress note of December 16, 2014, the injured workers chief complaint was left shoulder pain. The pain was described as very sharp, achy, but mostly sharp with any reaching and night time pain. The injured worker was having difficulty lifting the arm above the shoulder height. The injured worker was also complaining of right shoulder pain that was radiating into the right side of the neck. The injured worker was diagnosed with left shoulder adhesive capsulitis, left shoulder acromial clavicular cartilage disorder, left shoulder subacromial/subdeltoid bursitis, left shoulder bicipital tendonitis and left shoulder SLAP tear. The injured worker previously received the following treatments status post left shoulder arthroscopic surgery, pain medication, laboratory studies, physical therapy with electric stimulation. On December 16, 2014, the primary treating physician requested authorization for subacromial steroid injection to the left shoulder for left shoulder pain. On January 21, 2015, the Utilization Review denied authorization for subacromial steroid injection to the left shoulder. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Subacromial steroid injection to the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.

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

Decision rationale: MTUS/ACOEM provides only equivocal support for steroid injections for shoulder impingement. In this case not only is the injection only weakly supported, but also this is a repeat injection with limited documentation of the benefit of at least 2 past injections. For these reasons this request is not supported by the guidelines and records. The request is not medically necessary.