MAXIMUS Federal Services

Case Number:	CM15-0028014		
Date Assigned:	02/20/2015	Date of Injury:	11/15/2012
Decision Date:	04/06/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/13/2015

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: New Jersey, Michigan, California
Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 62 year old male with an industrial injury dated 11/15/2012. The mechanism of injury is documented as while lifting a sheetrock weighing approximately 60-70 pounds it fell backwards, prompting him to hold on to it, resulting in a severe pain in the lower back and left shoulder. He presents on 10/22/2014 with neck pain, back pain and left shoulder pain. Pain is rated as 4/10 with medications and 8/10 without medications. He notes the past left shoulder injection provided moderate pain relief. Physical exam revealed restricted range of motion of the cervical spine. Prior treatment included diagnostic studies, physical therapy, surgery, shoulder injection and medications.MRI of left shoulder report dated 01/02/2014 showed a full thickness tear involving nearly the entire supraspinatus tendon with retraction of the torn fibers to the level of the joint line, near full thickness tear of the subscapularis tendon and tendinosis of the long head of the biceps tendon, which is medially subluxed. Diagnoses included Cervicalgia, lumbago and left shoulder chronic tendonitis/bursitis status post decompressions. The provider requested left shoulder injection noting the injured worker stated 40% pain reduction for one month with last left shoulder injection. On 02/04/2015 the request for left shoulder injection under ultrasound guidance was non-certified by utilization review. MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Injection under Ultrasound Guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Corticosteroid Injection of the shoulder Page(s): 204.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213.

Decision rationale: According to MTUS guidelines, shoulder complaints chapter, shoulder injection, Two or three sub- Prolonged or frequent use acromial injections of cortisone injections local anesthetic and into the sub-acromial cortisone preparation space or the shoulder over an extended joint (D) period as part of an exercise rehabilitation program to treat rotator cuff inflammation, impingement syndrome, or small tears (C, D). In this case, there is no clinical or radiological evidence supporting that the patient is suffering from a rotator cuff inflammation, impingement syndrome, or small tears. There is no documentation that the treatment is a part of a rehabilitation program. Therefore, the request for Left Shoulder Injection under Ultrasound Guidance is not medically necessary.