

Case Number:	CM15-0028192		
Date Assigned:	02/20/2015	Date of Injury:	10/05/2011
Decision Date:	04/14/2015	UR Denial Date:	02/10/2015
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: 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 49-year-old female, who sustained an industrial injury on October 5, 2011. The injured worker had reported a left arm and left leg injury. The diagnoses have included medial epicondylitis of the left elbow and rotator cuff syndrome of the left shoulder. Treatment to date has included pain medication, MRI of the left shoulder, anesthetic injection of the left shoulder in 2012 and physical therapy. The anesthetic injection in 2012 was noted to be of no benefit. The MRI of the left shoulder done on January 9, 2015, showed tendinosis or a partial tear of the supraclavicular and infraspinatus tendons. Current documentation dated February 2, 2015 notes that the injured worker complained of left shoulder pain rated a six out of ten on the Visual Analogue Scale. The pain caused sleeping difficulty and limited her activities of daily living. Physical examination revealed a decreased range of motion of the cervical spine on the right and decreased sensation to pinwheel. Examination of the left shoulder revealed tenderness, a decreased range of motion and a positive Neer's and Hawkins's test. On February 10, 2015, Utilization Review non-certified a request for an ultrasound guided anesthetic injection times one to the left shoulder as an outpatient. The MTUS, ACOEM Guidelines, were cited. On February 13, 2015, the injured worker submitted an application for IMR for review of an ultrasound guided anesthetic injection times one to the left shoulder as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Ultrasound Guided Anesthetic Injection times 1 to be performed on the left shoulder, as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: ACOEM indicates that invasive shoulder injection techniques have limited proven value. In this case, the patient underwent a prior injection but the records do not clearly indicate the result of the prior injection. Overall, the records do not provide a rationale in a chronic setting to repeat a treatment of marginal clinical benefit with unknown results from a previous similar treatment. This request is not medically necessary.