

Case Number:	CM15-0223251		
Date Assigned:	11/19/2015	Date of Injury:	01/11/2010
Decision Date:	12/30/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	11/13/2015

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
 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 is a 53 year old male who reported a cumulative trauma injury, who sustained an industrial injury on 01-11-2010. Medical records indicated the worker was treated for neck pain, cervical radiculopathy, cervical facet pain, left shoulder pain, and left shoulder labral tear. In provider notes of 06-05-2015, the worker complained of pain in the neck and left shoulder rated as a 5 on a scale of 0-10. MRI of the left shoulder (07-20-2012) showed a complex large tear at the anterior labra of the glenoid with degenerative changes and possible tear of the posterior labrum. The MRI also showed a type II acromion. His treatment plan at that time included pain medications and a pending orthopedic evaluation of the shoulder and a request for cervical facet joint injections. Home exercise program was encouraged. His medications include hydrocodone, fentanyl patch, venlafaxine, gabapentin, and meloxicam. On 08-07-2015, the left shoulder, neck and low back pain was persistent and had intensified to a 7 on a scale of 1-10 severity. On exam, spasms were noted in the cervical paraspinal and left shoulder region musculature. Limited mobility was noted in the left shoulder with abduction and forward flexion of 90 degrees. His gait was antalgic and he had limited mobility of his lumbar spine. The plan was for a pain psychology consultation with 18 -24 follow-up visits. Authorization for orthopedic consultation for evaluation of left shoulder adhesive capsulitis was requested. In the visit of 09-08-2015, the worker had shoulder pain that was rated a 7 on a scale of 0-10. The pain was described by the provider as "mostly non-radicular." The left shoulder was tender in its anterior aspect with abduction and forward flexion of 100 degrees. Strength was 4+ out of 5 in the left shoulder abduction and forward flexion. The plan of care includes a request for authorization for left acromioclavicular joint injection and subacromial bursal steroid injection for left shoulder adhesive capsulitis. A request for authorization was submitted for a Subacromial bursal steroid injection for left shoulder and Left shoulder Acromioclavicular joint injection. A utilization review decision 10-08-2015 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Subacromial bursal steroid injection for left shoulder: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder/Steroid injections and Other Medical Treatment Guidelines UpToDate/Frozen shoulder (adhesive capsulitis).

Decision rationale: The record states that this injection is being requested for adhesive capsulitis. The ODG states: "In patients with adhesive capsulitis, injections into the glenohumeral joint have been shown to hasten the resolution of symptoms, but most patients have resolution of their symptoms without intervention, and interventions have not been demonstrated to improve long-term outcomes." According to UpToDate, "Frozen shoulder is a clinical diagnosis made on the basis of the medical history and physical examination. The diagnosis is confirmed by demonstrating reduced range of motion of the glenohumeral joint that is not due to other painful conditions (e.g., glenohumeral osteoarthritis, rotator cuff tendinopathy, subacromial bursitis, fractures)." In this case, the worker has another known condition resulting in pain and loss of range of motion of the left shoulder. MRI demonstrated labral tear. The diagnosis of adhesive capsulitis is not consistent with this worker's history. The diagnoses in the clinical notes do not include adhesive capsulitis. The diagnosis of adhesive capsulitis for which this injection has been requested has not been established. Therefore, the requested injection is not medically necessary or appropriate.

Left shoulder Acromioclavicular joint injection: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder/Steroid injections.

Decision rationale: The ODG, in its criteria for steroid injections of the shoulder requires diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems, except for post-traumatic impingement of the shoulder. Acromioclavicular joint injection is not mentioned. Furthermore acromioclavicular joint pathology has not been established by exam or imaging. Therefore, the request is not medically necessary.

