

Case Number:	CM15-0039375		
Date Assigned:	03/09/2015	Date of Injury:	06/24/2014
Decision Date:	04/17/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/02/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 49-year-old female, with a reported date of injury of 06/24/2014. The diagnoses include left adhesive capsulitis and left rotator cuff tear. Treatments to date have included an MRI of the left shoulder, X-ray of the left shoulder, oral medications, physical therapy, and an MR Arthrogram of the left shoulder. The initial orthopedic evaluation report dated 02/09/2015 indicates that the injured worker complained of intractable shoulder pain. The physical examination of the left shoulder showed tenderness to palpation of the anterior shoulder; painful arc of motion; positive Neer impingement sign; positive Hawkin's impingement sign; and positive acromioclavicular joint compression test. The treating physician requested left shoulder joint injection with Marcaine 4.5ml and Lidocaine 4.5ml. It was noted that the injured worker had intractable pain in spite of conservative measures. The injured worker tolerated the procedure well. The injection gave the injured worker 10% pain relief while the anesthetic was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Injection Marcain 4.5cc/Lidocaine 4.5 cc: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Injection.

Decision rationale: Pursuant to the ACOEM, left shoulder injection Marcaine for 4.5 mL and lidocaine 4.5 mL is not medically necessary. Invasive techniques have limited proven value. If pain with elevation significantly limits activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated with conservative therapy (i.e. strengthening exercises and non-steroidal anti-inflammatory drugs) for 2 to 3 days. The evidence supporting such an approach is not overwhelming. The total number of injections should be limited to three per episode allowing for assessment of benefit between injections. In this case, the injured worker's working diagnoses are adhesive capsulitis; rotator cuff tear; epicondylitis lateral; strain/sprain elbow; carpal tunnel syndrome left; and sprain/strain cervical. The documentation according to a February 9, 2015 progress note indicates the injured worker received subacromial injection which provided short-term 50% pain relief. The documentation does not expand on the short-term aspect of the short-term 50% pain relief. Invasive techniques have limited proven value. The guidelines described the injection of a local anesthetic and a corticosteroid preparation that may be indicated with conservative therapy. There is no corticosteroid noted in the medical record to be injected. The request is for Marcaine 4.5 mL and lidocaine 4.5 mL consequently, absent clinical documentation with guideline support for a shoulder injection (an invasive technique with limited proven value) with a prior injection with short-term 50% relief, left shoulder injection Marcaine for 4.5 mL and lidocaine 4.5 mL is not medically necessary