

Case Number:	CM15-0047086		
Date Assigned:	03/19/2015	Date of Injury:	05/07/2009
Decision Date:	04/24/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/12/2015

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: North Carolina, Georgia
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 36 year old female, who sustained an industrial injury on May 7, 2009. The injured worker was diagnosed as having lumbago, low back pain, shoulder region DIS NEC and pain, wrist/forearm. Treatment to date has included pain medication. Currently, the injured worker complains of low back and wrist pain. In a progress note dated January 12, 2015, the treating provider reports examination revealed decreased range of motion in cervical spine, right upper extremity tenderness with palpation at subacromial space, bicipital groove and restricted range of motion, the lumbar spine revealed tenderness at lumbar spine, facet joint and decreased range of motion. The provider performed injection with Kenalog and lidocaine to the right bicipital tendon and the plan of care to continue present medications repeat shoulder injection on the right.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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, Steroid injection.

Decision rationale: ACOEM describes indications for steroid injection of shoulder in the chapter on shoulder complaints. Steroid injections are recommended after a 4-6 week period of conservative therapy if symptoms of impingement syndrome persist. ODG section on Shoulder, Steroid injection indicates that subsequent injections up to three may be performed if there is partial response to an initial injection. Follow up injection is not indicated if there is full response to the first injection or if there is no response. In this case, the records do not outline response to prior injection of shoulder. Lacking this documentation, there is no medical necessity for right shoulder injection.