

Case Number:	CM15-0049715		
Date Assigned:	03/23/2015	Date of Injury:	11/25/2014
Decision Date:	05/06/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/16/2015

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:

This 49 year old female sustained a work related injury on 11/25/2014. She reported right shoulder pain. She was diagnosed with shoulder strain. Treatments to date included oral medications, MRI and physical therapy. The injured worker reported that she was unable to take nonsteroidal anti-inflammatory medications due to gastritis. Physical therapy notes submitted for review included the notes for 9 sessions. According to a progress report dated 02/23/2015, the injured worker was seen for her right shoulder injury. Medications included Advil and thyroid medicine. Impression was noted as right shoulder strain with subacromial bursitis and bicipital tendinitis. Plan of care included right subacromial bursa and right bicipital tendon injection, Mobic, Flexeril and Voltaren gel. The injured worker was to be placed on modified work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right subacromial bursa injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: According to MTUS guidelines, “Two or three sub- acromial injections of local anesthetic and cortisone preparation over an extended period as part of an exercise rehabilitation program to treat rotator cuff inflammation, impingement syndrome, or small tears (C, D) Diagnostic lidocaine injections to distinguish pain sources in the shoulder area (e.g.,impingement) (D).” The patient developed a right shoulder strain, bursitis and bicipital tendinitis. There no evidence of rotator cuff disorders or any exercise or rehabilitation program planned for this patient. Therefore, the request for Right subacromial bursa injection is not medically necessary.