

Case Number:	CM15-0056357		
Date Assigned:	04/01/2015	Date of Injury:	02/28/2012
Decision Date:	05/05/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/24/2015

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:

The injured worker is a 41 year old male who sustained a work related injury February 28, 2012. While walking through a plant, he had a slip and fall incident, striking both shoulders and upper trunk against a beam and then onto his back and buttocks. Past history included broken ankle, broken right arm, broken jaw, maxiofacial surgery, broken left hand, splenectomy, and angioplasty. According to an initial primary treating orthopedic spine surgical consultation, dated February 12, 2015, the injured worker presented for evaluation. He had multiple imaging studies of the cervical and lumbar spine, MRI of the right knee and cervical spine, epidural steroid injections, and approximately 10-12 sessions of physical therapy. He currently complains of constant left sided neck pain extending into the mid scapular region and trapezius. Several times a week, he has electrical shock sensations down the left arm to the hand and on the right to the triceps and elbow. He also complains of bilateral knee pain and right-sided back pain with intermittent radiating leg pain and numbness and tingling in the feet. Diagnoses included cervical spondylosis; chronic lumbago; right shoulder impingement syndrome and AC joint degenerative joint disease; right greater trochanter bursitis; possible right L3, L4 radiculopathy; posterior medial meniscal degeneration/tear, right knee; thoracic strain; left extensor carpi ulnaris tendonitis. Treatment plan included request for right shoulder subacromial and AC joint injection and physical therapy 2 x 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder subacromial & AC joint injection with 4cc of celestone and 4cc marcaine:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 290, 211.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Steroid injection s<http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines, shoulder injection is recommended: Criteria for Steroid injections: Diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems, except for post-traumatic impingement of the shoulder; Not controlled adequately by recommended conservative treatments (physical therapy and exercise, NSAIDs or acetaminophen), after at least 3 months; Pain interferes with functional activities (eg, pain with elevation is significantly limiting work); Intended for short-term control of symptoms to resume conservative medical management; Generally performed without fluoroscopic or ultrasound guidance; Only one injection should be scheduled to start, rather than a series of three; A second injection is not recommended if the first has resulted in complete resolution of symptoms, or if there has been no response; With several weeks of temporary, partial resolution of symptoms, and then worsening pain and function, a repeat steroid injection may be an option; The number of injections should be limited to three. There is no recent documentation of failure of conservative therapies including medication and physical therapy. There is no documentation of adhesive capsulitis, impingement syndrome, or rotator cuff problems. Therefore, the request for Right shoulder subacromial & AC joint injection with 4cc of celestone and 4cc marcaine is not medically necessary.