

Case Number:	CM15-0058944		
Date Assigned:	04/03/2015	Date of Injury:	01/14/2014
Decision Date:	05/26/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	03/27/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 42-year-old female who reported injury on 01/14/2014. The mechanism of injury was a heavy metal sign fell on the injured worker's right foot and the injured worker was sitting in a chair and bent over in the chair to move the sign. The injured worker used her non-dominant arm to remove the sign and felt shoulder pain, low back pain, and right foot pain. The injured worker was noted to have an x-ray of the left shoulder, which documented a small arthritic change at the tip of the acromion and no fracture or tumor identified. The injured worker had a type 1 acromion. The injured worker underwent an MRI of the left shoulder without contrast, which revealed subacromial/subdeltoid bursitis and mild supraspinatus and infraspinatus tendinitis, and/or strain without evidence of rotator cuff tear. Prior therapies included physical therapy. The documentation of 03/05/2015 revealed the injured worker had left shoulder pain, low back pain, and right foot pain. The injured worker was noted to have 6 sessions of physical therapy, which gave some relief for the lumbar spine. The injured worker was working modified duty. The surgical history was noncontributory. The medications included amlodipine, benazepril, and ibuprofen. The physical examination of the left shoulder revealed a positive impingement test and a positive O'Brien's test. The injured worker had forward flexion to 120 degrees, shoulder abduction to 100 degrees, external rotation of 80 degrees, and internal rotation of 70 degrees. The diagnoses included left shoulder pain, impingement, and rotator cuff arthropathy. The treatment plan included treatment for the low back for core strengthening and treatment for right foot plantar fasciitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Steroid Injection with Lidocaine, Marcaine and Kenalog under Ultrasound Guidance: 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): 201-205.

Decision rationale: The ACOEM Guidelines indicate that if pain with elevation significantly limits activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy including strengthening exercises and nonsteroidal anti-inflammatory drugs for 2 to 3 weeks. The clinical documentation submitted for review failed to provide documentation of therapies specifically for the left shoulder. Given the above, the request is not medically necessary.