

Case Number:	CM15-0059746		
Date Assigned:	04/06/2015	Date of Injury:	10/09/2000
Decision Date:	05/07/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/30/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 54 year old male, who sustained an industrial injury on 10/09/2000. The mechanism of injury was not noted. The injured worker was diagnosed as having left shoulder impingement syndrome per magnetic resonance imaging of 12/17/2013, left subacromial/subdeltoid bursitis, left shoulder acromioclavicular cartilage disorder, and left shoulder pain exacerbation. Treatment to date has included diagnostics and injections (unspecified) to the left shoulder, with short term relief noted. Currently, the injured worker complains of lumbar spine pain and left shoulder pain, rated 6/10. He also reported numbness and tingling in front of his shoulder. Recent physical therapy, with good progress and transition to home program was noted. Current medication regime was not noted. The treatment plan included a subacromial corticosteroid injection into the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Subacromial steroid injection to the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder.

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

Decision rationale: The injured worker sustained a work related injury on 10/09/2000. The medical records provided indicate the diagnosis of left shoulder impingement syndrome per magnetic resonance imaging of 12/17/2013, left subacromial/subdeltoid bursitis, left shoulder acromioclavicular cartilage disorder, and left shoulder pain exacerbation. Treatment to date has included diagnostics and injections (unspecified) to the left shoulder, with short term relief noted. The medical records provided for review do not indicate a medical necessity for Subacromial steroid injection to the left shoulder. The records do not indicate failure of conservative treatment; the records indicate the injured worker had good response to therapy, to the extent he decided to discontinue, while continuing with home exercise therapy. Also, the MTUS does not recommends against frequent or prolonged injections into the shoulder. The request is not medically necessary.