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| Case Number: | CM15-0083508 | | |
| Date Assigned: | 05/05/2015 | Date of Injury: | 02/04/2015 |
| Decision Date: | 06/10/2015 | UR Denial Date: | 04/22/2015 |
| Priority: | Standard | Application Received: | 04/30/2015 |

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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

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 57 year old male, who sustained an industrial injury on 2/04/2015, while employed as a maintenance manager. He reported a sharp pain in his left shoulder while holding a piece of wood overhead. The injured worker was diagnosed as having adhesive capsulitis of left shoulder, possible recurrent rotator cuff tear, right shoulder, subacromial bursitis of left shoulder, and status post two prior left shoulder arthroscopies (pre-existing). Treatment to date has included x-rays of the left shoulder (taken 4/06/2015). Currently (4/06/2015), the injured worker complains of frequent left shoulder pain, with radiation down the left arm, up to the left side of neck, and down the left side of back. Pain was rated 8/10 with activity. He also reported numbness, tingling, and weakness, as well as depression, anxiety, and insomnia. He stated that he received no treatment for his injury prior to physician visit on 4/06/2015. Physical exam of the left shoulder noted no evidence of rotator cuff atrophy, tenderness to palpation over the greater tuberosity in the area of the supraspinatus tendon, along the head of the biceps tendon, and in the area of the upper trapezius, levator, rhomboid muscle group, and acromioclavicular joint. Range of motion and muscle strength were decreased. His work status was temporary partial disability. The treatment plan included an ultrasound guided injection for the left shoulder with 2cc Dexamethasone and 2cc Marcaine, physical therapy, and Tylenol #3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided injection, Dexamethasone 2 cc and Marcaine 2cc for the left shoulder:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211, 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Injection.

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

Decision rationale: According to ACOEM, Injections of corticosteroids or local anesthetics or both should be reserved for injured workers who do not improve with more conservative therapies. The current documentation fails to provided evidence of a trial of conservative measurs including anti-inflammatory and physical therapy. Therefore at this time the requirements for treatment have not been met and the request is not medically necessary.