

Case Number:	CM13-0031098		
Date Assigned:	12/04/2013	Date of Injury:	05/28/2009
Decision Date:	03/05/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 39-year-old male who reported an injury on 05/28/2009. The mechanism of injury was not provided. The patient was noted to have pain in the left shoulder. The patient was noted to have tenderness on the left anterior posterior joint line and the posterior glenoid. The external rotation was abnormal on the left side. The patient was noted to have active painful range of motion with limiting factors of pain. The patient's range of motion was noted to be decreased. The patient's diagnosis was noted to be MRI joint upper extremity pain. The request was made for a joint injection in the left shoulder and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) left shoulder joint injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.

Decision rationale: The Physician Reviewer's decision rationale: 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 total number of injections should be limited to 3 per episode. The clinical documentation submitted for review indicated that the patient had left anterior, posterior and joint line pain along with the posterior glenoid pain. The patient was noted to have participated in conservative therapy, including 11 visits of physical therapy. Per a note dated 09/16/2013, the patient was noted to have no previous shoulder injections that were given. Given the above, the request for 1 left shoulder injection is medically necessary.

Norco 10/325mg #150 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management Page(s): 75 and 78.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS Guidelines recommend short-acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's, including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical documentation submitted for review failed to provide documentation of the 4 A's. Given the above, the request for Norco 10/325 mg #150 with 1 refill is not medically necessary.