

Case Number:	CM13-0053584		
Date Assigned:	12/30/2013	Date of Injury:	03/05/2013
Decision Date:	03/11/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/18/2013

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 pain management, has a subspecialty in interventional spine and is licensed to practice in California. 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 61-year-old male with date of injury on 03/05/2013. The progress report dated 10/24/2013 by [REDACTED] indicates that the patient's diagnoses include: (1) status post left distal radius fracture with slight shortening and ulnar impingement, (2) left wrist mild carpal tunnel syndrome, (3) right wrist strain with ulnar impingement, (4) left shoulder bursitis, impingement, (5) left shoulder symptomatic AC DJD, (6) history of closed-head trauma with CSF leakage, (7) left shoulder SLAP lesion, (8) left wrist TFCC tear, (9) left distal radial fracture. The patient continues with significant left shoulder pain rated at a 4/10 to 5/10. Exam findings of the left shoulder included (1) mild pain at the AC joint with direct palpation. Positive for subacromial bursitis. Positive impingement. MRI of the left shoulder from 09/30/2013 showed a mild to moderate rotator cuff tendinosis with subacromial/subdeltoid bursitis, down sloping acromion, and acromioclavicular joint degenerative change without full-thickness tear or retraction with teres minor muscle atrophy and fatty infiltration. (2) SLAP lesion was seen extending to, but not avulsing the biceps anchor and extends to the posterior mid to inferior labrum with paralabral cyst formation. (3) Glenohumeral degenerative change is evident. The treating physician proceeded with a left shoulder corticosteroid injection in the subacromial space to decrease pain and increase function. The utilization review letter dated 11/07/2013 issued a non certification of this procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 left shoulder corticosteroid injection: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG has the following regarding steroid injections for the shoulder

Decision rationale: The patient continues with significant left shoulder pain. The patient has positive impingement sign on physical exam. MTUS Guidelines are silent on shoulder injections. Therefore, ODG Guidelines were reviewed, which has the following criteria for steroid injections: Diagnosis of adhesive capsulate, impingement syndrome, or rotator cuff problems. Not controlled adequately by recommended conservative treatments (physical therapy and exercise, NSAIDs or acetaminophen) after at least 3 months. The patient's injury date was 03/05/2013 and it appears that patient has continued with left shoulder pain for greater than 3 months. The progress report dated 09/27/2013 indicates that the treating physician was considering steroid injection in the future. It does not appear that the patient has had prior injections into the shoulder. The patient is reported to have continued with a home exercise program as tolerated and is not currently taking any medication. The requested steroid injection into the left shoulder appears to be reasonable and supported by the guidelines noted above. Therefore, authorization is recommended.