

Case Number:	CM14-0120682		
Date Assigned:	09/16/2014	Date of Injury:	02/27/2012
Decision Date:	10/22/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/31/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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 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/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 injured worker is a 52-year-old individual was reportedly injured on 2/27/2012. The mechanism of injury is noted as a lifting injury. The most recent progress note dated 6/30/2014, indicates that there were ongoing complaints of left shoulder pain. The physical examination demonstrated left shoulder: prominent left AC joint. Positive tenderness to palpation over the AC joint and subacromial space. Positive tenderness over the bicep tendon and posterior rotator cuff. Muscle strength 5/5, reflexes 2+. Positive Hawkins, positive Neers, positive crossed arm abduction, and positive Speeds. No recent diagnostic studies were available for review. Previous treatment includes injections, medications, and conservative treatment. A request was made for drain/inject joint/bursa and was not certified in the pre-authorization process on 7/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Drain/Inject Joint/Bursa: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG -TWC/ODG Integrated Treatment/Disability Duration Guidelines; Shoulder (Acute & Chronic) - Steroid Injections: (Updated 7/29/14).

Decision rationale: MTUS/ACOEM practice guidelines fail to address cortisone injections of the shoulder. The ODG supports steroid injections for specific diagnosis: adhesive capsulitis, impingement syndrome and rotator cuff problems; except for post-traumatic impingement of the shoulder. One injection is supported for failure of 3 months of conservative treatment, pain interferes with functional activities, and is intended for short-term control of symptoms to resume conservative medical management. Review of the available medical records documents continued pain in the shoulder, AC joint, and bicipital groove. The patient previously received a steroid injection on 5/20/2014, which improved symptoms until the claimant performed repetitive heavy lifting. A repeat injection would be considered, however, there is no indication or justification for ultrasound guided injections of the shoulder. Therefore, the request is not considered medically necessary.