

Case Number:	CM14-0154624		
Date Assigned:	09/24/2014	Date of Injury:	03/28/2013
Decision Date:	10/28/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/22/2014

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 and is licensed to practice in Illinois. 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 43-year-old male who reported an injury on 03/28/2013. The mechanism of injury was a motor vehicle accident. The injured worker complained of left shoulder pain. The diagnoses included status post left shoulder arthroscopy with an arthroscopic rotator cuff repair, glenohumeral debridement, adhesive capsulitis of the left shoulder, synovitis of the left shoulder, traumatic arthritis of the right knee with possible tear of lateral meniscus, and painful hardware right lower extremity. Past treatment included physical therapy and medication. Physical exam dated 04/30/2014 of the left shoulder revealed an abduction of 180 degrees, flexion of 180 degrees, internal rotation 80 degrees, external rotation was 90 degrees, adduction was 45 degrees, and extension was 45 degrees, light tenderness around the shoulder girdle, motor strength was not assessed, there was tenderness to palpation over the anterior, lateral, and posterior shoulder girdle. A positive O'Brien's test, positive Hawkins test, and positive Speed's test. Neurological examination was within normal limits. No medications were noted for review. The treatment plan included an injection into the left shoulder. Request for Authorization was not submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound Guided Cortisone Injection, Left Shoulder: Upheld

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

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

Decision rationale: The request for ultrasound guided cortisone injection, left shoulder is not medically necessary. The California MTUS/ACOEM guidelines state if pain with elevation significantly limits activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy (i.e., strengthening exercises and nonsteroidal anti-inflammatory drugs) for two to three weeks. The clinical notes did not indicate that the injured worker has failed conservative treatments. The request includes ultrasound guidance, which is not recommended. As such the request is not medically necessary.