

Case Number:	CM14-0160175		
Date Assigned:	10/03/2014	Date of Injury:	03/20/2012
Decision Date:	10/30/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/30/2014

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 Occupational 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:

This is a 59-year-old female with a 3/20/12 date of injury; when she sustained injuries to her neck, shoulders, hands low back and left lower extremity while performing the usual duties as a clerk typist. The patient was seen on 7/28/14 with complaints of intermittent pain in the cervical spine radiating into the shoulder and constant pain in the right shoulder. The pain was increased when carrying or lifting more than 5-10 pounds and was aggravated by reaching, moving the arm backwards and lifting the right upper extremity above the shoulder level. Exam findings of the right shoulder revealed tenderness in the sternoclavicular joint, anterior capsule and acromioclavicular joint. The range of motion of the right shoulder was: abduction 130 degrees, adduction and extension 40 degrees, internal and external rotation 75 degrees and flexion 150 degrees. The Neer's maneuver, Hawkin's maneuver and impingement sign were positive. The muscle strength was 4+ in the bilateral upper extremities and DTRs were +2 in the bilateral upper extremities. The patient was administered an injection of 6 cc lidocaine and 2 cc Celestone into the right shoulder. The diagnosis is cervical brachial syndrome, lumbago, and moderate shoulder impingements with tendinopathy/possible cuff tear. Treatment to date: work restrictions, electrical stimulation, massage and medications. An adverse determination was received on 9/4/14; a determination letter was not available for the review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective between 7/25/2014 and 7/28/2014-Injection of 6cc lidocaine and 2cc celestone right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, corticosteroid injections

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) does not address this issue. Official Disability Guidelines (ODG) states that for rotator cuff disease, injection may be superior to physical therapy interventions for short-term results and a maximum of three are recommended. If pain with elevation is significantly limiting activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy (i.e., strengthening exercises and non-steroidal anti-inflammatory drugs (NSAIDs) for two to three weeks, but the evidence is not yet overwhelming, and the total number of injections should be limited to no more than three. The patient was diagnosed with moderate shoulder impingement with tendinopathy/possible cuff tear, however there is a lack of imaging studies supporting the diagnosis. In addition, there is a lack of documentation indicating that the patient tried and failed conservative treatment for the right shoulder for at least 3 months. Given the date of injury in 2012, it is not clear if the patient received corticosteroid injections in the past and there is no clear rationale with regards to the clearly specified goals from the injection. Therefore, the request for Retrospective between 7/25/2014 and 7/28/2014-Injection of 6cc lidocaine and 2cc celestone right shoulder was not medically necessary.