

Case Number:	CM14-0167166		
Date Assigned:	10/14/2014	Date of Injury:	01/01/1997
Decision Date:	11/17/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/10/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 patient is a 61 year old female who was injured on 1/1/1997. The diagnoses are thoracic, cervical radiculopathy, lumbar radiculopathy and bilateral shoulders pain. The patient completed physical therapy treatments. The patient reported pain relief and functional improvement following a left subacromial injection performed on June 2014. On 8/22/2014, [REDACTED] noted subjective complaint of pain score of 9/10 on a scale of 0 to 10. There was objective findings of tenderness to the acromioclavicular joint, deltoid and biceps muscles. There was positive impingement, Neer's and Hawkin's tests. The medications are Norco, Nucynta, ketoprofen and lidocaine patch for pain and Tizanidine for muscle spasm. The patient is also utilizing fluoxetine, lorazepam, triazolam and topiramate to treat psychosomatic symptoms. A Utilization Review determination was rendered on 9/22/2014 recommending non certification for left subacromial injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) left subacromial injection: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute and Chronic), Criteria for Steroid Injections

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Shoulder Chapter

Decision rationale: The CA MTUS ACOEM and the ODG guidelines recommend that subacromial bursa injections can be utilized for the treatment of pain from impingement syndrome of the shoulder when conservative treatment with physical therapy and medications have failed. The records indicate that the patient was diagnosed with bilateral shoulder impingement syndrome. The patient has failed conservative management with PT and medications treatment. The criteria for the left subacromial bursa injection was met. The request for Left Subacromial Injection is medically necessary.