

Case Number:	CM14-0087380		
Date Assigned:	07/23/2014	Date of Injury:	12/10/2012
Decision Date:	09/29/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/10/2014

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 Internal 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 66 year old female who sustained an injury to her right shoulder on 09/19/90 due to cumulative trauma while performing her usual and customary duties making medical cards. The injured worker complained of pain in the bilateral wrists, right worse than left and numbness of the bilateral thumbs. Physical examination of the right shoulder noted tenderness of the right anterior shoulder; limited range of motion; positive supraspinatus/empty can test right; motor strength 4/5 in the bilateral upper extremities; reflexes 2+ throughout the bilateral upper limbs; sensation within normal limits throughout the bilateral limbs. Magnetic resonance image of the right shoulder without contrast dated 04/16/14 was unremarkable.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Subacromial injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: The type of injections the injured worker has undergone is not clearly documented. There was no additional information submitted for review. The Official Disability Guidelines state that there must be a diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems, except for post-traumatic impingement of the shoulder. The Official Disability Guidelines also state that there must be documentation that the injured worker's pain has not been adequately controlled by recommended conservative treatments (physical therapy and exercise, non-steroidal anti-inflammatory drugs or acetaminophen), after at least 3 months. There were no physical therapy notes provided for review that would indicate the amount of physical therapy visits the injured worker has completed to date or the injured worker's response to any previous conservative treatment. Given this, the request for a right shoulder subacromial injection is not indicated as medically necessary.