

Case Number:	CM14-0212731		
Date Assigned:	12/30/2014	Date of Injury:	07/12/2012
Decision Date:	03/03/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 69-year-old woman who sustained work related injury on July 12, 2012. She developed chronic shoulder and neck. According to the progress report dated November 21, 2014, the patient complained of ongoing neck pain with associated head pain that radiates down the right shoulder and arm and upper back that she rated a 0/10 with medication and 2-3/10 without medication. The patient also complained of ongoing lower back pain that radiates down the buttocks and right ankle with intermittent numbness that she rated a 0/10 with medication and 2-3/10 without medication. Examination of the cervical spine and upper extremities revealed a well maintained cervical lordosis. There was no evidence of tilt or torticollis. In palpation, there was evidence of tenderness in the right cervical paravertebrals. There was decreased sensation over the right C5, C6, C7, and C8 dermatome distribution. range of motion was limited by pain. There was positive facet loading. Motor power was 4/5 with abduction and 4+/5 with elbow extension. Examination of the shoulders revealed palpable tenderness over the lateral aspect of the right shoulder. Range of motion was restricted by pain. There was positive impingement sign on the right. The patient was diagnosed with degenerative arthritis of the right ankle, spondylolithesis C4-C5 and C6-C7, as well as T1-T2, stenosis T2-T3, C3-C7, right more than left carpal tunnel syndrome per EMG dated March 28, 2013, C3-C7 disc space collapse with spondylosis C4-C7, disc space collapse throughout the lumbar spine, right shoulder impingement syndrome, right ankle sprain with residual ligamentous pain, and lumbar spine strain. The provider requested authorization for Repeat subacromial corticosteroid injection to the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat subacromial corticosteroid injection to the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 204, 213.

Decision rationale: According to MTUS guidelines, invasive techniques have limited proven value. If pain with elevation significantly limit activity, a subacromial injection of local anesthetic and corticosteroid preparation may be indicated after conservative therapy for 2 to 3 weeks. However the evidence supporting such an approach is not overwhelming. According to MTUS guidelines, 2 or 3 subacromial injections of local anesthetics and cortisone preparation over an extended period as a part of an exercise rehabilitation program to treat rotator cuff inflammation, impingement syndrome, or small tear is recommended. In this case, there no objective documentation of failure of adequate trials of conservative therapies. Furthermore it is not clear that the injection is a part of an exercise rehabilitation program. Also it is not clear if there a pain with shoulder elevation significantly limiting shoulder mobility. Therefore, the request for repeat subacromial corticosteroid injection to the right shoulder is not medically necessary.