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| Case Number: | CM14-0218438 | | |
| Date Assigned: | 01/08/2015 | Date of Injury: | 03/04/2013 |
| Decision Date: | 03/12/2015 | UR Denial Date: | 12/16/2014 |
| Priority: | Standard | Application Received: | 12/30/2014 |

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. 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: Arizona, California

Certification(s)/Specialty: Family Practice

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 36-year-old male who suffered an unknown work related injury on 03/04/13. Per the physician's note from 10/27/14 he returns for evaluation of the cervical spine and right shoulder. The request is for an injection for his symptomatic left shoulder. Per the physician's noted from 12/09/14 he has pain noted at 6/10 in the cervical spine as well as pin in his left shoulder blade with numbness in the left hand in the third, fourth, and fifth digits. His has limited range of motion in the cervical spine due to pain. The left shoulder is noted to be weak with resisted forward flexion, full internal rotation to T11, but with pain, and pain with resisted external rotation. He was to continue Naproxen and cervical stretching. He was diagnosed with shoulder impingement syndrome and had received at least 1 shoulder injection in March 2014. Authorization was pending for physical therapy for lumbar spine and bilateral medial branch block C5/6. The left shoulder subacromial injection was denied by the Claims administrator on 12/16/14 and was subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder subacromial injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Steroid Injection Guidelines

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

Decision rationale: According to the guidelines, 2-3 injections of the shoulder are recommended for rotator cuff tears or impingement symptoms. In this case, the claimant had previously undergone a shoulder injection. The total amount of injections provided were not provided. In addition, much of the symptoms described related to cervical pathology. The request is not substantiated and therefore not medically necessary.