

Case Number:	CM15-0010154		
Date Assigned:	01/27/2015	Date of Injury:	01/01/2002
Decision Date:	03/17/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/16/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 injured worker is a 39-year-old male, who sustained an industrial injury on 01/01/2002. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed with status post lumbar laminectomy and microdiscectomy at lumbar five to sacral one, disc protrusion at lumbar four to five per magnetic resonance imaging, lumbar radiculopathy, cervical spine herniated nucleus pulposus, cervical sprain/strain, lumbar herniated nucleus pulposus, bilateral radial carpal joint sprain, bilateral cubital tunnel syndrome, and bilateral carpal tunnel syndrome. Treatment to date has included aquatic physical therapy, physical therapy, urine toxicology, acupuncture, medication regimen, and above noted surgical procedure. Currently, the injured worker complains of mid to low back pain with physical activities that radiates to the bilateral lower extremities, along with intrascapular pain. The treating physician requested bilateral shoulder joint injection with steroid and local anesthetic noting bilateral shoulder joint arthropathy and decreased range of motion with shoulder joint motion on abduction and internal rotation due to pain. On 12/19/2014, Utilization Review non-certified the requested treatment for bilateral shoulder joint injection with steroid and local anesthetic, noting the Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Shoulder Joint injection with Steroid and local Anesthetic: 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): 207. Decision based on Non-MTUS Citation Shoulder

Decision rationale: Bilateral Shoulder Joint injection with Steroid and local Anesthetic is not medically necessary per the MTUS Guidelines and the ODG. The ODG states that the criteria for steroid injections include a diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems, except for post-traumatic impingement of the shoulder; and the pain must not be controlled adequately by recommended conservative treatments (physical therapy and exercise, NSAIDs or acetaminophen), after at least 3 months. The MTUS ACOEM guidelines state that for most patients with shoulder problems, special studies are not needed unless a four- to six-week period of conservative care and observation fails to improve symptoms. The documentation indicates that the provider seeks injections due to shoulder arthropathy with pain. The diagnosis of arthropathy is not clear. There are no provocative impingement signs. There are no signs of true adhesive capsulitis. There are no objective imaging studies for review. The patient has had chronic symptoms. Without clarification of diagnoses with radiographs and physical exam, the injections for the bilateral shoulder are not medically necessary.