

Case Number:	CM15-0014262		
Date Assigned:	02/02/2015	Date of Injury:	09/22/2014
Decision Date:	03/30/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/26/2015

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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 51-year-old female who reported an injury on 09/22/2014. The mechanism of injury involved repetitive activity. The current diagnoses include right hand sprain, left hand sprain, right wrist sprain, left wrist sprain, left shoulder sprain, right elbow sprain, and left elbow sprain. The injured worker presented on 10/22/2014 with complaints of bilateral wrist pain; as well as anxiety, depression, insomnia, and intermittent headaches. Upon examination of the bilateral shoulders, there was 160 degree flexion on the left, 40 degree extension, 150 degree abduction, 40 degree adduction, 60 degree internal rotation, 80 degree external rotation; tenderness over the greater tuberosities bilaterally; subacromial grinding and clicking on the left; tenderness over the rotator cuff muscles bilaterally; tenderness over the supraspinatus and infraspinatus bilaterally; positive impingement sign on the left; 3/5 motor weakness on the left; and 1+ deep tendon reflexes. Recommendations at that time included an ultrasound guided corticosteroid injection to the right elbow and left shoulder. An interferential unit; right and left wrist braces; right tennis elbow brace; and physical therapy twice per week for 6 weeks was also recommended. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guidance corticosteroid injection for the left 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): 201-205.

Decision rationale: California MTUS/ACOEM Practice Guidelines state if pain with elevation significantly limits activities, a subacromial injection of a local anesthetic and a corticosteroid preparation may be indicated after conservative therapy for 2 to 3 weeks. In this case, there was no documentation of a recent attempt at any conservative treatment for the left shoulder prior to the request for a corticosteroid injection. The injured worker is pending a course of physical therapy. Given the above, the request is not medically appropriate at this time.