

Case Number:	CM15-0175061		
Date Assigned:	09/16/2015	Date of Injury:	01/21/2011
Decision Date:	10/19/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/04/2015

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: New York, West Virginia,
 Pennsylvania Certification(s)/Specialty: Emergency 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 57-year-old male, who sustained an industrial injury on 1-21-11. Medical record indicated the injured worker is undergoing treatment for left shoulder rotator cuff tear, left shoulder slap lesion and left shoulder synovitis. Treatment to date has included physical therapy, home exercise program, subacromial injection (which provided significant decrease in left shoulder pain). Currently on 7-29-15 and 8-26-15, the injured worker complains of left shoulder discomfort at rest and driving his bus causes increased left shoulder pain toward the end of the day. He is currently working. Objective findings on 7-29-15 and 8-26-15 revealed slight atrophy of left deltoid and posterior shoulder muscles. The treatment plan included continue working, continue home exercises, local heat prior to exercise and ice at end of day and Kenalog and Xylocaine injection to left shoulder. A request for authorization was submitted on 8-18-15 for injection of left shoulder with Xylocaine and Kenalog. On 9-2-15 utilization review non-certified request for Injection of left shoulder with Xylocaine and Kenalog noting there is no documentation to indicate where in the shoulder this injection is to be placed based on the subjective complaints and objective findings; therefore the request if neither medically necessary or appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Injection with 9ml of Xylocaine 1% and 1ml of Kenalog 40, left shoulder
DOS: 7/29/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s):
Initial Care.

Decision rationale: Guidelines state that invasive techniques have limited proven value. Subacromial injection may be indicated after conservative therapy, strengthening exercises, and nonsteroidal anti-inflammatory drugs for 2-3 weeks. In this case, there is insufficient documentation of conservative treatment and use of NSAIDs. There is no documentation of where in the shoulder this injection is to be placed. The request for injection with 9 mL of Xylocaine and 1 mL of Kenalog 40 is not medically necessary and appropriate.