

Case Number:	CM15-0062967		
Date Assigned:	04/08/2015	Date of Injury:	03/08/2014
Decision Date:	05/08/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/02/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 45 year old male, who sustained an industrial injury on March 8, 2014. He reported severe left shoulder pain. The injured worker was diagnosed as having left shoulder rotator cuff tendinitis, left shoulder biceps tendinitis, left shoulder impingement syndrome, and status post left shoulder arthroscopy, subacromial decompression, and acromioclavicular joint resection on October 2, 2014. Treatment to date has included MRI, x-rays, work modifications, a functional capacity evaluation (FCE), urine drug screening, post-op therapy, and medications. On February 20, 2015, the injured worker complains of recurrence of left shoulder pain since his therapy was stopped two months prior. The pain is intermittent and sharp. His pain over the anterior left shoulder causes him difficulty sleeping. He cannot exercise and use his left arm, which has resulted in his nearly 30 pound weight gain. The pain is aggravated with overhead activities and driving for prolonged periods of time. His pain improves with rest and medications. The physical exam revealed well-healed scars, tenderness greater tuberosity and over the biceps tendon, intact neurovascular status, D strength with resisted abduction and resisted external rotation, and normal range of motion. The treatment plan includes physical therapy, a left shoulder steroid injection, and refills of non-steroidal anti-inflammatory, proton pump inhibitor, and topical pain medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDOCAINE 4% 50 ML: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 199-219. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder, steroid injections.

Decision rationale: ODG Criteria for Steroid injections: Diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems, except for post-traumatic impingement of the shoulder; Not controlled adequately by recommended conservative treatments (physical therapy and exercise, NSAIDs or acetaminophen), after at least 3 months; Pain interferes with functional activities (eg, pain with elevation is significantly limiting work); Intended for short-term control of symptoms to resume conservative medical management; Generally performed without fluoroscopic or ultrasound guidance; Only one injection should be scheduled to start, rather than a series of three; A second injection is not recommended if the first has resulted in complete resolution of symptoms, or if there has been no response; With several weeks of temporary, partial resolution of symptoms, and then worsening pain and function, a repeat steroid injection may be an option; The number of injections should be limited to three. ACOEM states Two or three sub-acromial injections of local anesthetic and cortisone preparation over an extended period as part of an exercise rehabilitation program to treat rotator cuff inflammation, impingement syndrome, or small tears (C, D) Diagnostic lidocaine injections to distinguish pain sources in the shoulder area (e.g., impingement) (D). ACOEM C = Limited research-based evidence (at least one adequate scientific study of patients with shoulder disorders). ACOEM D = Panel interpretation of information not meeting inclusion criteria for research-based evidence. The treating physician utilized lidocaine as part of a steroid injection into the shoulder. While this is medically appropriate, the patient had a previous steroid injection and the treating physician did not detail the outcome of that injection. Thus, without documentation of functional improvement from the previous injection the lidocaine cannot be approved. As such, the request for LIDOCAINE 4% 50 ML is not medically necessary.