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## Independent Medical Review Final Determination Letter

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Dated: 12/23/2013

Employee: ██████████  
Claim Number: ██████████  
Date of UR Decision: 7/26/2013  
Date of Injury: 9/25/2009  
IMR Application Received: 8/16/2013  
MAXIMUS Case Number: CM13-0012292

DEAR ██████████

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations, ██████████

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 physician 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/services.

### DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

### CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 38 year old male who reported an injury on 09/25/2009. His diagnosis is left shoulder rotator cuff tear. The patient has symptoms of left shoulder pain. The pain was noted to interfere with the patient's functional activities and ability to participate in physical therapy. The patient has been treated with Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), a home exercise program, and physical therapy. The physical exam findings included some decreased range of motion of the left shoulder, along with a positive impingement test, positive O'Brien's test, and motor strength noted as decreased, at 4/5. An MRI of the left shoulder was done on 03/20/2012 and showed supraspinatus tendinitis and partial thickness tear, mild infraspinatus tendinitis without a tear, and mild subacromial subdeltoid bursitis.

### IMR DECISION(S) AND RATIONALE(S)

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

**1. Outpatient injection of Lidocaine, Marcaine and Kenalog under ultrasound guidance for the left shoulder subacromial is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 9), which is part of the MTUS, and the Official Disability Guidelines (ODG), Shoulder Chapter, Steroid Injections, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Complaints Chapter (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 9), pages 201-205, which is part of the MTUS, and the Official Disability Guidelines (ODG), Shoulder Chapter, Steroid Injections, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

The patient has left shoulder pain related to a rotator cuff tear. The pain has been shown to interfere with his functional activities, as he reported he has been unable to raise his left arm to brush his teeth or his hair, or to feed himself or pull up his pants with his left hand. It was also noted that the patient had 4 of his 12 physical therapy visits but the treatment has been limited due to pain. The patient was also noted to have been participating in an at home exercise program and taking Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) for over a year. ACOEM Guidelines do not generally recommend invasive procedures but note that a subacromial injection of a local anesthetic and corticosteroid may be indicated if the patient's pain significantly limits activities, and after conservative therapy, such as strengthening exercises and Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), has been tried for at least 2-3 weeks. ACOEM does not address ultrasound guidance for this procedure, but according to Official Disability Guidelines, steroid injections for shoulder pain are traditionally guided by anatomical landmarks alone, and that continues to be the recommendation as there is no current evidence that the use of guidance by imaging improves patient-relevant outcomes. According to documentation in the provided medical records, the patient has significant left shoulder pain that limits his activities and he has tried conservative therapy for more than 2-3 weeks, therefore, the requested service would be recommended. However, the request is for the injection with ultrasound guidance, and the use of imaging guidance for this procedure is not supported by the guidelines. **The request for an outpatient injection of Lidocaine, Marcaine and Kenalog under ultrasound guidance for the left shoulder subacromial is not medically necessary and appropriate**

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]

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