MAXIMUS Federal Services

Case Number:	CM13-0002620		
Date Assigned:	03/21/2014	Date of Injury:	11/05/2008
Decision Date:	06/30/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	07/23/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a represented [redacted] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of November 5, 2008. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; earlier shoulder arthroscopy in 2009 with subsequent repeat arthroscopy in 2010; and reported return to regular work. In a Utilization Review Report of July 18, 2013, the claims administrator denied a prospective request for a series of three Synvisc (Supartz) injections and retrospectively denied a request for a left shoulder corticosteroid injection with ultrasound guidance. The claims administrator did acknowledge that the patient had returned to regular work but stated that there was not enough information to approve the request for the Supartz injections. The claims administrator's UR report was quite choppy and was extremely difficult to follow. The claims administrator did seemingly state that the attending provider did not state precisely where he injected the shoulder and seemingly based the denial on poor documentation on the part of the treating provider. The patient's attorney subsequently appealed. On July 1, 2013, the attending provider apparently gave the patient a left shoulder corticosteroid injection as the patient was having persistent pain and stiffness about the shoulder with symptoms including clicking and grinding. The patient states that he reportedly exhibited improvement with Supartz or Synvisc injections in the past. The patient did seemingly carry diagnoses of shoulder impingement syndrome and shoulder degenerative joint disease status post rotator cuff repair surgery. The patient was returned to regular work and asked to pursue a series of three Synvisc injections. The patient was 53 years old as of the date of the Utilization Review Report. In a permanent and stationary report of April 13, 2012, the patient was given an 11% whole-person impairment rating. It was stated that operative findings included acromioclavicular joint arthrosis and a

labral tear. The patient apparently underwent extensive debridement of cartilaginous defects, it is further noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: LEFT SHOULDER CORTISONE INJECTION WITH ULTRASOUND GUIDANCE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Web Edition.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213. Decision based on Non-MTUS Citation American College of Sports Medicine (ACSM): A Comprehensive Review, Edited by Francis O'Connor, page 524.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, Table 9-6, page 203, subacromial injections of a local anesthetic and cortisone preparation are "recommended" over an extended period as part of an exercise rehabilitation program to treat rotator cuff inflammation, impingement syndrome, or small tears. In this case, the patient does in fact carry diagnosis of rotator cuff impingement syndrome superimposed on shoulder arthritis status post shoulder arthroscopy. The patient was having ongoing issues with shoulder pain. A shoulder corticosteroid injection was indicated and appropriate. Therefore, the request is certified. The ultrasound guidance portion of the request is likewise certified. The MTUS does not address the topic. However, the American College of Sports Medicine (ACSM) does state that the addition of image-guided injection may help improve efficacy and accuracy of injections. Therefore, the ultrasound guidance component of the request is likewise retrospectively medically necessary.

SUPARTZ LEFT SHOULDER INJECTION, x3: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Web Edition.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

Decision rationale: The MTUS does not address the topic of Supartz injections. However, as noted in the Third Edition ACOEM Guidelines, visco-supplementation injections are recommended for treatment of shoulder osteoarthritis. In this case, the claimant in fact has evidence of osteoarthritis of the shoulder appreciated on the earlier operative report, which did apparently demonstrate glenohumeral and/or acromioclavicular osteoarthritis. Extensive cartilage was debrided about the shoulder, implying that the patient's arthritis may have progressed since the earlier surgery. The patient did respond favorably to prior visco-supplementation injections, the attending provider noted, as evinced by his successful return to regular work. Therefore, the original utilization review decision is overturned, for all of the stated reasons. The request is medically necessary, on Independent Medical Review.