

Case Number:	CM13-0029455		
Date Assigned:	11/01/2013	Date of Injury:	03/09/1998
Decision Date:	01/15/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/26/2013

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 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 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. 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 49-year-old female who reported a work-related injury on 03/09/1998; specific mechanism of injury was not stated. Subsequently, the patient is seen in clinic for the following diagnoses: status post left total hip replacement as of 02/01/2013, bilateral hip strain and sprain, bilateral avascular necrosis, and lumbar sprain/strain with right lower extremity radiculopathy. MRI of the right shoulder dated 07/24/2013 signed by [REDACTED] revealed: (1) status post tendon to bone rotator cuff repair for prior supraspinatus tendon tear with marked irregularity and partial-thickness undersurface tearing of the distal supraspinatus tendon extending to its surgical construct. The bursal-sided fibers are intact; there is no full-thickness retear; (2) a 1.4 cm ossified bony fragment within the distal fibers of the infraspinatus tendon likely related to a pole tear; (3) superior labral degeneration; (4) inferiorly positioned at the distal acromion with prominent undersurface bony remodeling and moderate degenerative changes about the acromioclavicular joint increasing the patient's risk for anatomic impingement; (5) tendinosis of the distal subscapularis and intrascapular portion of the proximal long head of the biceps tendon. The clinical note dated 08/09/2013 reported the patient was seen in clinic under the care of [REDACTED]. The provider documents examination of the patient's right shoulder revealed postoperative changes. The clinical note reported the patient was status post a right shoulder arthroscopy with open rotator cuff repair performed on 06/22/2006. The provider documented upon physical exam of the patient's right shoulder, tenderness to palpation with muscle guarding over the parascapular musculature, subacromial region, and acromioclavicular joint. Range of motion of the right shoulder was measured as follows: flexion was 157 degrees, extension 30 degrees, abduction 145 degrees, adduction was 20 degrees, internal rotation 45 degrees, and external r

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for 1 right shoulder ultrasound needle guided injection of subacromial region:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) 204

Decision rationale: The current request previously received an adverse determination due to lack of documentation evidencing the patient's recent course of conservative treatment for her right shoulder pain complaints. The provider documents the patient has utilized physical therapy interventions recently; however, there were no physical therapy progress notes submitted for review evidencing duration, frequency, or efficacy of treatment to support lower levels of conservative care prior to the requested injection therapy. In addition, as the patient presents 15 years status post a work-related injury; the requesting provider does not indicate whether or not the patient has previously utilized injection therapy for her right shoulder pain complaints and the efficacy of this intervention. California MTUS/ACOEM indicates, "Invasive techniques have limited proven value. If pain with elevation significantly limits activity, subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy." Given the above, the request for 1 right shoulder ultrasound needle guided injection of subacromial region is not medically necessary or appropriate.