

Case Number:	CM13-0034673		
Date Assigned:	12/11/2013	Date of Injury:	02/28/2012
Decision Date:	02/07/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/15/2013

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 Orthopedic Surgery, 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 claimant is a 57-year-old gentleman who was injured in a work related accident on February 28, 2012. Specific to the claimant's right shoulder, clinical records for review include an August 9, 2013 orthopedic follow-up with [REDACTED] of August 9, 2013 where the claimant was with multiple complaints including bilateral shoulder pain. Specific to the claimant's right shoulder, there was noted to be exam findings with restricted range of motion, positive impingement and pain over the CA ligament. There were also complaints of left shoulder pain as well as bilateral thumb pain and wrist pain with a diagnosis of tenosynovitis. The clinical recommendations at that time were for continuation of formal physical therapy for the shoulders for six additional sessions as well as authorization for an ultrasound guided corticosteroid injection to the right shoulder to be performed. Previous clinical records indicate a significant course of physical therapy throughout 2013. Specific to the claimant's right shoulder, there is an MRI report of September 25, 2012 that demonstrated AC joint arthropathy with an abnormal rotator cuff appearance with partial thickness tearing of the supra, infra and subscapularis tendons. A full thickness tear was not present. Mild degenerative changes about the glenohumeral joint were also noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Ultrasound Guided Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: shoulder procedure.

Decision rationale: Based on California ACOEM Guidelines and supported by Official Disability Guideline criteria, ultrasound guided injections to the shoulder are not supported. While the claimant may benefit from subacromial injection in this case, the role of ultrasound guidance for shoulder injectables is not supported by Guideline criteria. Official Disability Guideline criteria specifically indicates that while imaging tools such as ultrasound and imaging guided injections have become more routine based on availability, there is no current evidence that it provides patient relevant improvement in outcomes. Based on the above, the specific request for the ultrasound guided injection to the shoulder would not be indicated.

Additional Physical Therapy 2 X 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, continued physical therapy would not be indicated. Records in this case indicate diagnoses that have undergone a significant course of therapy since time of work related injury. At present, there is no indication of functional finding on examination that would warrant the continued need of physical therapy in the chronic setting. The requested six sessions of additional therapy at this stage in the claimant's clinical course of care would not be indicated.