

Case Number:	CM13-0061354		
Date Assigned:	04/28/2014	Date of Injury:	03/21/2006
Decision Date:	08/08/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	12/04/2013

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 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 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:

This is a 62-year-old male claimant who was injured while working as a workers comp claim adjuster on 3/21/06. The records provided for review document current diagnoses of cervical musculoligamentous sprain/strain with bilateral upper extremity radiculitis, thoracic musculoskeletal sprain/strain, and slightly mild degenerative changes with minimal spurring of facet hypertrophy. The report of a cervical spine x-ray dated 11/14/09 identified minimal spurring of facet hypertrophy with slightly mild degenerative changes. The report of the 11/4/13 office visit noted complaints of residual pain with intermittent flare ups of neck, right shoulder, right elbow, and low back symptoms. There was no documentation of physical examination findings. The previous office visit on 10/3/13 focused on examination of the cervical spine. Conservative treatment to date is documented as physical therapy, Norco, and Ambien. The current request is for an ultrasound-guided right shoulder subacromial injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRASOUND-GUIDED RIGHT SHOULDER SUBACROMIAL INJECTION: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Steroid Injections.

Decision rationale: California MTUS/ACOEM and Official Disability Guidelines support the use of subacromial injections in the shoulder after failure of a formal course of conservative treatment to include anti-inflammatories as well as a home exercise program with strengthening exercises. The medical records provided for review lack documentation of recent abnormal physical exam objective findings establishing the medical necessity of the requested procedure. According to ODG, the use of ultrasound for shoulder injections is not considered medically necessary as traditionally these have been performed quite successfully by anatomic landmarks alone which is still recommended. There is no evidence that ultrasound guidance improves patient relevant outcomes. Based on the documentation presented for review and in accordance with California MTUS/ACOEM and Official Disability Guidelines, the request for the right shoulder ultrasound-guided subacromial injection cannot be considered medically necessary.