

Case Number:	CM13-0062207		
Date Assigned:	05/19/2014	Date of Injury:	05/25/2013
Decision Date:	06/11/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/06/2013

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 Physical Medicine and Rehabilitation, 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 41 year-old patient sustained an injury on 5/25/13 while employed by [REDACTED]. Requests under consideration include Combo of Kenalog, Marcaine and Lidocaine R Shoulder Injection and Ultrasound-Guided R Shoulder Injection. MRI of right shoulder on 10/7/13 showed mild tendinosis of supraspinatus without tear; small ganglion cyst adjacent to superior labrum without labral tear; and mild AC joint degenerative changes. Report of 10/24/13 from the provider noted patient with continued shoulder pain especially when attempting to reach overhead with popping; low back and bilateral lower extremities pain. Exam of right shoulder showed tenderness over anterior aspect of shoulder, over bicipital groove, AC joint and subacromial bursa; pain on resistive abduction; ranges of 145/140 degrees in flexion/abduction. Diagnosis included shoulder synovitis. Treatment included combo shoulder injection under ultrasound guidance. Request for steroid shoulder injection was certified while the injection under ultrasound guidance was non-certified on 11/6/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMBO OF KENALOG, MARCAINE AND LIDOCAINE R SHOULDER INJECTION:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , Steroid Injections, pages 936-938.

Decision rationale: The guidelines states if pain with elevation is significantly limiting activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy (i.e., strengthening exercises and NSAIDs) for two to three weeks, but the evidence is not yet overwhelming, and the total number of injections should be limited to no more than three. Submitted reports have demonstrated indication with imaging findings to support for the corticosteroid injection. The Combo of Kenalog, Marcaine and Lidocaine R Shoulder Injection is medically necessary and appropriate.

ULTRASOUND-GUIDED R SHOULDER INJECTION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder (updated 6/12/13) Steroid Injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

Decision rationale: The guidelines states if pain with elevation is significantly limiting activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy (i.e., strengthening exercises and NSAIDs) for two to three weeks, but the evidence is not yet overwhelming, and the total number of injections should be limited to no more than three. Submitted reports have demonstrated indication with imaging findings to support for the corticosteroid injection; however, the reports has not specified which specific shoulder injection is to be done. Although injections into the subacromial space and acromioclavicular joint can be performed in the clinician's office, injections into the glenohumeral joint should only be performed under fluoroscopic guidance. A recent meta-analysis concluded that subacromial corticosteroid injection for rotator cuff disease and intra-articular injection for adhesive capsulitis may be beneficial although their effect may be small and not well maintained. Additionally, for post-traumatic impingement of the shoulder, subacromial injection of methylprednisolone had no beneficial impact on reducing the pain or the duration of immobility. Submitted reports have not specified which shoulder injection is being requested that would require ultrasound guidance. MRI has mild findings of possible impingement without definitive tear. The Ultrasound-Guided R Shoulder Injection is not medically necessary and appropriate.