

Case Number:	CM13-0064886		
Date Assigned:	01/29/2014	Date of Injury:	03/27/2011
Decision Date:	05/26/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/12/2013

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:

The claimant is a 64-year-old gentleman who sustained acute shoulder injury in a March 27, 2011, work-related accident while delivering bakery products. Previous imaging includes an August 3, 2012 report of an MRI scan demonstrating cystic change of the greater tuberosity with a high-riding humeral head, acromioclavicular joint edema and previous superior labrum anterior posterior (SLAP) injury. A progress report dated January 15, 2014, documents ongoing complaints of left shoulder and neck pain. The records state that conservative care has included narcotic medication usage and multiple prior shoulder injections, including injections dated July 2, June 7 and June 14, 2013. Physical examination showed restriction in abduction and forward elevation with no weakness documented. The claimant was diagnosed with bicipital tendinitis, partial rotator cuff tearing, impingement, a shoulder strain and chronic pain syndrome. Medication management was continued. This request is for ultrasound-guided left shoulder glenohumeral joint capsular injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRASOUND-GUIDED LEFT SHOULDER GLENOHUMERAL JOINT CAPSULAR 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
Page(s): 204.

Decision rationale: Based on California ACOEM Guidelines and supported by Official Disability Guidelines, the request for an ultrasound-guided injection to the shoulder would not be indicated. ACOEM Guidelines criteria indicate that invasive techniques, including injections of local anesthetic and corticosteroid, should be limited to three per episode; Official Disability Guidelines recently indicated that imaging guidance for shoulder injections is not supported. Therefore, this request for ultrasound-guided injection in a claimant who has undergone three previous shoulder injections since June 2013 would not be established as medically necessary.