MAXIMUS Federal Services

Case Number:	CM14-0100193		
Date Assigned:	09/16/2014	Date of Injury:	02/04/2014
Decision Date:	10/15/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	06/30/2014

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 is a 55-year-old female with a 12/24/13 date of injury. The mechanism of injury occurred while the patient slipped and fell, and tried to catch herself by grabbing a fixed object, leading to her right shoulder injury. The patient was most recently seen on 9/3/14 by a primary physician. The patient presented with persistent right shoulder weakness and pain, especially while performing activities of daily living (i.e. cooking, cleaning). It was noted that the patient had completed 12 physical therapy sessions which slightly improved the range of motion in the right shoulder. Exam findings of the right shoulder revealed tenderness at the coracoacromial arch, crepitus over the subacromial area, in addition to a positive Hawkin's test and Neer sign. There was also decreased range of motion of the right shoulder with extension to 24 degrees, abduction to 152 degrees, flexion to 154 degrees, and internal rotation to 26 degrees. The patient's diagnoses included right rotator suff syndrome, acromioclavicular (AC) joint degenerative disease, and persistent internal impingement syndrome of right shoulder. The patient's medications included ibuprofen and Celebrex. The documents noted that the patient received an ultrasound-guided AC injection on 7/10/14 which provided a 65-70% improvement in pain.Significant Diagnostic Tests: 1. MRI Right Shoulder (6/5/14) - Severe right acromioclavicular osteoarthritis. No significant rotator cuff tendon tear or labral tear.Treatment to date: medications, sling, ice, physical therapy (12 visits), HEP, TENS unit, cervical collar.An adverse determination was received on 6/20/14. The request for ultrasound-guided injection of the right shoulder AC joint was modified to certify injection of the right shoulder AC joint without ultrasound based on the guidelines stating that it is not clear if ultrasound guidance improves the efficacy of the steroid injection. There was not enough clinical evidence provided to deviate from the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound Guided Injection of The Right Shoulder AC Joint: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (updated 04/25/14)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter

Decision rationale: CA MTUS does not address the request for ultrasound guided injection of the shoulder acromioclavicular joint. ODG states that for rotator cuff disease, corticosteroid injections may be superior to physical therapy interventions for short-term results, and a maximum of three are recommended. 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. This patient's right shoulder pain had persisted despite conservative therapy, i.e. medications, activity modifications, physical therapy, and a home exercise program. The pain was noted to cause much discomfort for the patient while performing activities of daily living. The patient's exam findings correlated with the MRI report of severe right acromioclavicular osteoarthritis. The documentation also indicated only one previous shoulder injection performed on 7/10/14 with significant improvement in pain. A steroid injection of the right shoulder is reasonable for this patient. In regards to ultrasound guidance, ODG stated that "although ultrasound guidance may improve the accuracy of the injection, it is not clear that this improves its efficacy or patient-relevant outcomes to justify the significant added cost." In addition, the request for ultrasound-guided injection of the right shoulder AC joint was modified to certify injection of the right shoulder AC joint without ultrasound, which is reasonable in this case. Therefore, the request for ultrasound guided injection of the right shoulder AC joint is not medically necessary.