

Case Number:	CM14-0013894		
Date Assigned:	02/26/2014	Date of Injury:	01/17/2008
Decision Date:	06/26/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/03/2014

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 Orthopedic Surgery and Hand Surgery and is licensed to practice in Texas. 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 injured worker is a 65-year-old male who reported an injury on 01/17/2008. The mechanism of injury was not stated. The current diagnosis is arthropathy of the shoulder. The injured worker was evaluated on 10/10/2013. The injured worker reported increasing pain and decreased range of motion of the right shoulder. Previous conservative treatment includes cortisone injections and physical therapy. The injured worker also underwent a total left shoulder arthroplasty on 08/09/2013. Physical examination revealed 120 degree right shoulder flexion, 85 degree abduction, 30 degree external and internal rotation, and 4/5 strength. Treatment recommends included surgical versus non-surgical options including cortisone injections and a total shoulder arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 RIGHT SHOULDER ULTRASONIC EVALUATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation MTUS: Occupational Medicine Practice Guidelines, 2nd Edition (2004) - pp. 207-209.

Decision rationale: California MTUS/ACOEM Practice Guidelines state for most patients presenting with shoulder problems, special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. Primary criteria for ordering imaging studies includes the emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program, or for clarification of the anatomy prior to an invasive procedure. The medical necessity for an ultrasonography evaluation has not been established. Therefore, the request is not medically necessary and appropriate.

2 ULTRASOUND GUIDED NEEDLE INJECTIONS OF CORTICOSTEROID

ANTERIORLY: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.

Decision rationale: California MTUS/ACOEM Practice Guidelines state invasive techniques have limited proven value. If pain with elevation significantly limits activities, a subacromial injection of a local anesthetic and corticosteroid preparation may be indicated after conservative therapy for 2 to 3 weeks. As per the documentation submitted, the injured worker has been previously treated with corticosteroid injections. However, there was no documentation of objective functional improvement that would warrant the need for additional injections. Based on the clinical information received and the California MTUS/ACOEM Practice Guidelines, the request is not medically necessary and appropriate.

2 ULTRASOUND GUIDED KENALOG 80 MG INJECTIONS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Shoulder (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.

Decision rationale: California MTUS/ACOEM Practice Guidelines state invasive techniques have limited proven value. If pain with elevation significantly limits activities, a subacromial injection of a local anesthetic and corticosteroid preparation may be indicated after conservative therapy for 2 to 3 weeks. As per the documentation submitted, the injured worker has been previously treated with corticosteroid injections. However, there was no documentation of objective functional improvement that would warrant the need for additional injections. Based on the clinical information received and the California MTUS/ACOEM Practice Guidelines, the request is not medically necessary and appropriate.