

Case Number:	CM14-0162566		
Date Assigned:	10/17/2014	Date of Injury:	06/02/2013
Decision Date:	12/08/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/03/2014

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 Internal Medicine, and is licensed to practice in Maryland. 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 employee was a 68-year-old female who sustained an injury on 6/2/13 when he assisted a client who had a recent total hip replacement surgery. At the time of the transfer the employee experienced "pop" on the right shoulder followed by significant pain. Her prior treatments included medications as well as physical therapy. An MRI of the right shoulder that was done on 6/28/13 showed a massive rotator cuff tear with large inferior acromial enthesophytes as well as moderate a.c. joint osteoarthritis and inferior glenoid subcortical cyst. She also had a diagnosis of significant glenohumeral joint osteoarthritis. Her physical therapy notes from 2013 were reviewed. She was noted to have a 9/10 shoulder pain, decreased range of motion of the right shoulder and pain with ROM. In addition the note from April 24, 2014 was also reviewed. In discussion she was noted to have a massive right-sided rotator cuff tear. She was believed to have a nonfunctional shoulder. Her prior treatments included physical therapy, medications and injections including acromioclavicular joint injection and glenohumeral joint injections. These were noted to be not effective. The clinical note from 6/10/14 was reviewed. Subjective complaints included right shoulder pain that was 8/10 and was sharp. She also had associated numbness and tingling. Pain was worse while lying on the affected shoulder or by movement of the right upper limb. There was associated stiffness, swelling and grinding to the right shoulder. On examination she was found to have tenderness to palpation about the right shoulder with guarding and marked decrease in active range of motion of the shoulder with guarding. She had a give way weakness to the right upper limb with guarding. Her diagnoses included right rotator cuff tear, glenohumeral joint osteoarthritis. The plan of care included Norco 5/325 mg, ibuprofen, omeprazole, fluoroscopically guided right glenohumeral joint injection as well as the right subacromial steroid injection. Her MRI showed glenohumeral joint osteoarthritis as well as the massive rotator cuff tear involving the supraspinatus. She did undergo a previous

acromioclavicular joint injection which was not effective. She also underwent a glenohumeral joint injection without image guidance that was not effective.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right glenohumeral joint injection: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The employee had a history of a right shoulder injury with MRI showing massive right-sided rotator cuff tear as well as inferior glenoid subcortical cysts suggestive of glenohumeral osteoarthritis. Her previous treatments included medications, physical therapy, a.c. joint injection as well as glenohumeral joint injection without image guidance without any significant relief. The current request is for glenohumeral joint injection with fluoroscopy guidance. ODG guidelines recommend corticosteroid injections for shoulder rotator cuff disease, adhesive capsulitis and glenohumeral osteoarthritis, if conservative care has failed to control symptoms and to a maximum of three injections. A second injection is not recommended if the first has resulted in complete resolution or if there has been no response. In addition, some studies have suggested that injections may not be reliably placed intra-articularly in the glenohumeral joint when performed in the office setting and that radiographic assistance may be necessary. The employee had prior glenohumeral joint without imaging guidance. She was having ongoing pain despite conservative care. Hence the request for Glenohumeral Joint Cortisone Injection is medically necessary and appropriate.