

Case Number:	CM14-0176181		
Date Assigned:	10/29/2014	Date of Injury:	09/17/2006
Decision Date:	12/10/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/23/2014

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 Anesthesiology 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 patient is a 46-year-old female with a date of injury of 09/17/2006. The patient's diagnoses include cervical spine sprain/strain with radiculopathy, right shoulder, elbow, wrist and hand sprain/strain, left shoulder and hand strain/sprain impingement, rule out tendinitis. The patient reports worsening bilateral shoulder pain, cervical spine pain with burning and stabbing pain to the hands and low back pain with burning to bilateral legs. The pain is rated as an 8 to 9 on a scale of 1 to 10. On 09/11/2014 an ultrasound guided corticosteroid injection to the left and right shoulder was requested for alleviation of pain and discomfort.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided corticosteroid injection to the left shoulder: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 48, 165-219, Chronic Pain Treatment Guidelines Medication for Chronic Pain Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute and Chronic), Steroid Injection

Decision rationale: This is a review for the requested ultrasound guided corticosteroid injection to the left shoulder. For patients with shoulder injuries including impingement syndrome and rotator cuff symptoms the American College of Occupational and Environmental Medicine (ACOEM) general recommendation is conservative treatment. Conservative care includes cortisone injections. Clinical recommendations include cortisone injection for treatment of rotator cuff inflammation and impingement syndrome, per ACOEM Guidelines. The California Medical Treatment Utilization Schedule (MTUS) also recommends steroid injection as part of a modality for management of chronic pain. The Official Disability Guidelines (ODG) also recommends steroid injection for the shoulder in patients with impingement syndrome, not controlled adequately by recommended conservative treatments and pain that interferes with functional activities. It is intended for short-term control of symptoms and only one steroid injection should be scheduled at first. A second steroid injection should be performed if there is complete resolution of symptoms after the first injection. Therefore, the above listed issue is considered to be medically necessary.