

Case Number:	CM14-0183072		
Date Assigned:	11/10/2014	Date of Injury:	05/02/2008
Decision Date:	12/12/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/04/2014

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 Preventive Medicine and is licensed to practice in Indiana. 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:

According to the records made available for review, this is a 41-year-old male with a 5/2/08 date of injury. At the time (9/15/14) of request for authorization for Ultrasound guided corticosteroid injection for the left shoulder, there is documentation of subjective (left shoulder pain radiating to the left arm) and objective (tenderness to palpitation over the biceps tendon and the superolateral aspect of the shoulder) findings current diagnoses (left shoulder strain, left shoulder rotator cuff tendonitis, left shoulder left shoulder bicipital tendonitis, left shoulder subacromial bursitis, and left shoulder pain), and treatment to date (physical therapy and trigger points injections). Medical reports identify that the injured worker is experiencing flare-ups and there are difficulties performing some activities of daily livings, sleep disturbances, and stress, anxiety and depression due to pain and symptoms. There is no documentation of failure of conservative therapy (strengthening exercises and nonsteroidal anti-inflammatory drugs) for two to three weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound Guided Corticosteroid Injection for the Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. **Decision based on Non-MTUS Citation ODG (Official Disability Guidelines):** Shoulder Chapter; Steroid Injections

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

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of pain with elevation that significantly limits activities and failure of conservative therapy (i.e. strengthening exercises and nonsteroidal anti-inflammatory drugs) for two to three weeks, as criteria necessary to support the medical necessity of subacromial injection of local anesthetic and a corticosteroid preparation. Within the medical information available for review, there is documentation of diagnoses of left shoulder strain, left shoulder rotator cuff tendonitis, left shoulder left shoulder bicipital tendonitis, left shoulder subacromial bursitis, and left shoulder pain. In addition, given documentation of that there is difficulties performing some activities of daily livings, sleep disturbances, and stress, anxiety and depression due to pain and symptoms, there is documentation of pain with elevation that significantly limits activities. However, given documentation that the injured worker is experiencing flare- ups and despite documentation of conservative treatments (physical therapy and trigger points injections), there is no documentation of failure of conservative therapy (strengthening exercises and nonsteroidal anti-inflammatory drugs) for two to three weeks. Therefore, based on guidelines and a review of the evidence, the request for Ultrasound Guided Corticosteroid Injection for the Left Shoulder is not medically necessary.