

Case Number:	CM14-0183218		
Date Assigned:	11/10/2014	Date of Injury:	01/13/2009
Decision Date:	12/26/2014	UR Denial Date:	10/30/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 56-year-old male with date of injury of 01/13/2009. The listed diagnoses per the treating physician from 09/18/2014 are: 1. Status post rotator cuff surgery. 2. Status post rotator cuff surgery from 02/07/2014. 3. Bilateral ulnar neuropathies. 4. Bilateral carpal tunnel syndrome. 5. Repetitive strain injury, neck, bilateral upper extremities with myofascial pain syndrome. 6. Chronic pain syndrome. 7. Diabetes mellitus with possible underlying peripheral neuropathy. According to this report, the patient is doing well and is going to physical therapy. He rates his pain 4/10 to 8/10. The patient has had cortisone injection into the left shoulder and was told by that he may need another. Examination of the right and left shoulder shows normal contours with nick marks. Discrete tender trigger points over his neck and posterior shoulders. Motor examination is intact. There is decreased sensation in both hands. The 06/26/2014 report shows that the patient is doing well and is attending physical therapy. The examination on this report is the same as 09/18/2014. The documents include an AME from 09/05/2014, acupuncture therapy reports from 10/02/2014 to 10/14/2014, physical therapy reports from 04/30/2014 to 07/16/2014, and progress reports from 05/29/2014 to 09/18/2014. The utilization review denied the request on 10/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder cortisone injection with ultrasound guidance.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder chapter on steroid injections

Decision rationale: The patient presents with neck and right upper extremity pain. The patient is status post left rotator cuff surgery from 02/07/2014. The treater is requesting left shoulder cortisone injection with ultrasound guidance. The ACOEM guidelines page 213 under recommendations for treatment and managing shoulder complaints states, "Two or three subacromial injections of local anesthetic and cortisone preparation over an extended period as a part of an exercise rehabilitation program to treat rotator cuff inflammation, impingement syndrome, or small tears. Diagnostic lidocaine injection to distinguish pain sources in the shoulder area (e.g., impingement)." ODG's criteria for steroid injections includes common diagnosis of adhesive capsulitis, impingement syndrome, rotator cuff problems, except for posttraumatic impingement of the shoulder; not controlled adequately by recommended conservative treatment; pain interferes with functional activities; etc. For ultrasound guidance, ODG guidelines states, "Glucocorticoid injection for shoulder pain has traditionally been performed guided by anatomical landmarks alone, and that is still recommended. With the advent of readily available imaging tools such as ultrasound, image-guided injections have increasingly become more routine. While there is some evidence that the use of imaging improves accuracy, there is no current evidence that it improves patient-relevant outcomes." The records do not show any previous cortisone injection to the left shoulder. The 09/11/2014 report shows shoulder range of motion is full with pain. Impingement sign is positive. The treater performed a steroid injection to the left shoulder. It appears that the request in question is the injection that was performed on 09/11/2014. The report from 09/18/2014 shows that the patient has been going to physical therapy and currently rates his pain 4/10 to 8/10. The patient had a cortisone injection into the left shoulder and was told that he may need another surgery. The patient has utilized medications, surgery, physical therapy, and acupuncture with no relief. Given the patient's persistent symptoms on the left shoulder, a left shoulder injection appears reasonable. However, Ultrasound guidance is not supported by ODG. The request is therefore not medically necessary.