

Case Number:	CM14-0183394		
Date Assigned:	11/10/2014	Date of Injury:	10/16/2009
Decision Date:	12/30/2014	UR Denial Date:	10/29/2014
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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 is a 68-year-old male with a 10/16/09 date of injury. The patient was seen on 10/3/14 for the follow up visit and complained of pain in the left shoulder that increased with pushing, pulling and reaching. Exam findings of the left shoulder revealed tenderness to palpation over the subacromial region, supraspinatus tendon and acromioclavicular joint. The impingement and cross-arm tests were positive. The range of motion of the left shoulder was: flexion 160 degrees, extension 35 degrees, abduction 155 degrees, adduction 35 degrees, internal rotation 60 degrees and external rotation 70 degrees. The diagnosis is left shoulder strain with impingement syndrome and cervical sprain/strain. A diagnostic ultrasound of the left shoulder dated 9/11/14 revealed supraspinatus tendinitis, acromioclavicular degenerative joint disease and bursitis. Treatment to date: work restrictions, injections and medications. An adverse determination was received on 10/29/14 and was modified to 1 injection without the corresponding ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Subacromial Injection Under Ultrasound Guidance: Upheld

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

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

Decision rationale: CA MTUS does not address this issue. ODG states that In a large randomized trial on the management of subacromial impingement syndrome by physical therapists there was no significant difference in the score on the shoulder pain and disability index at three months in participants who received a combination of injection and exercise compared with those who received exercise therapy alone, but significantly earlier improvements in pain and functional disability at one and six weeks were seen in the group given corticosteroid injection. If early pain relief is a priority, then adding local steroid injection to a course of physical therapy might be a good option. In addition, the Guidelines state that injections into the subacromial space and acromioclavicular joint can be performed in the clinician's office and injections into the glenohumeral joint should only be performed under fluoroscopic guidance. However there is no rationale with regards to the necessity for the subacromial injection under the ultrasound guidance. In addition, the Guidelines clearly state that subacromial and acromioclavicular injections can be performed in the physician's office and that the ultrasound guidance is not required. In addition, the UR decision dated 10/29/14 certified 1 injection without the corresponding ultrasound guidance. Therefore, the request for Left Shoulder Subacromial Injection under Ultrasound Guidance was not medically necessary.