

Case Number:	CM14-0183988		
Date Assigned:	11/10/2014	Date of Injury:	02/28/2014
Decision Date:	12/18/2014	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 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 47-year-old female with a 2/28/2014 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 10/8/14 noted subjective complaints of right shoulder pain. Objective findings included right shoulder AC joint tenderness and positive cross arm abduction test. An MRI of the right shoulder on 7/24/14 noted AC joint arthropathy. Diagnostic Impression: right shoulder pain, rotator cuff arthropathy, and acromioclavicular joint arthritis. Treatment to Date: medication management and physical therapy. A UR decision dated 10/16/14 denied the request for right shoulder injection under ultrasound guidance x 2 - one to the AC joint and the second to the subacromial space. This individual is a candidate for injections into the acromioclavicular joint and subacromial space. However, ultrasound guidance cannot be deemed medically necessary under the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Injections under Ultrasound Guidance x 2 - One to the AC Joint and the Second to the Subacromial Space: Upheld

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

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

Decision rationale: CA MTUS does not specifically address this issue. ODG states that for rotator cuff disease, corticosteroid injections may be superior to physical therapy interventions for short-term results, and a maximum of three are recommended. If pain with elevation is significantly limiting activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy (i.e., strengthening exercises and NSAIDs) for two to three weeks, but the evidence is not yet overwhelming, and the total number of injections should be limited to no more than three. ODG further states, with regards to ultrasound guidance: 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 patient does have a diagnosis of rotator cuff arthropathy, physical exam findings, and failure of conservative treatment. He would be a reasonable candidate for steroid injections to the shoulder. However, the guidelines do not support the use of ultrasound guidance with these injections due to a lack of improvement in patient outcomes. Therefore, the request for right shoulder injections under ultrasound guidance x 2 - one to the AC joint and the second to the subacromial space is not medically necessary.