

Case Number:	CM14-0185308		
Date Assigned:	11/13/2014	Date of Injury:	12/03/2012
Decision Date:	12/19/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/06/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with cumulative trauma at work through December 3, 2012. In a Utilization Review Report dated October 20, 2014, the claims administrator failed to approve a request for a shoulder corticosteroid injection. The claims administrator stated that it was employing both MTUS and non-MTUS Guidelines in its denial, although the bulk of the rationale invoked non-MTUS references. It was not stated whether or not the applicant had or had not had a previous injection. The applicant's attorney subsequently appealed. In a Medical-legal Evaluation dated October 7, 2014, the applicant reported persistent complaints of neck and shoulder pain, 8/10, exacerbated by lifting and reaching overhead. Hyposensorium was noted about the C6 dermatome. A 20-pound lifting limitation was endorsed. It was not stated whether or not the applicant was working with set limitation in place. The medical-legal evaluator noted that the applicant was still smoking, it was incidentally noted. The medical-legal evaluator made no mention of the applicant's has previously received a corticoid steroid injection about the shoulder. On a September 16, 2014 progress note, the applicant reported ongoing complaints of 7-8/10 shoulder pain. The attending provider alluded to a shoulder MRI of August 20, 2014 notable for a partial-thickness supraspinatus tendon tear. Positive signs of internal impingement were appreciated with significant limited shoulder range of motion in the 90-180 degrees of flexion and abduction also evident. Manipulative therapy, acupuncture, tramadol, and a shoulder corticosteroid injection were endorsed. On August 4, 2014, work restrictions were again endorsed. There was no mention of the applicant having had a previous corticosteroid injection at that point in time. In a May 19, 2014 Medical-legal Evaluation, the medical-legal evaluator conducted a comprehensive review of records and treatments which had transpired through that

point in time. It appeared that the bulk of the treatment to date had focused on the applicant's neck issues with little to no mention of treatment involving the shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Corticosteroid injection for left shoulder under ultrasound guidance: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 9-6, 213. Decision based on Non-MTUS Citation Image-Guided versus Blind Glucocorticoid Injection for Shoulder Pain, August 2012.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, Table 9-6, page 213, two or three subacromial injections of local anesthetic and cortisone are "recommended" over an extended period as part of an exercise rehabilitation program to treat small rotator cuff tears, as is present here. The request in question does represent a first-time request for shoulder corticosteroid injection therapy. While the August 2012 review article entitled Image-Guided versus Blind Glucocorticoid Injection for Shoulder Pain does acknowledge that ultrasound-guidance may improve the efficacy to the putative site of pathology in the shoulder, the review articles concluded by noting that it is not clear that the improved injection accuracy is sufficient to justify the added cost. Thus, the August 2012 review article takes a tepid position on ultrasound-guided glucocorticosteroid injections for shoulder pain. Nevertheless, the request in question does represent a seeming first-time shoulder corticosteroid injection. Provision of an injection is indicated given the failure of other conservative treatments including time, medications, physical therapy, etc. The corticosteroid injection for the left shoulder is, thus, indicated, despite the tepid August 2012 review article's position on the same. Therefore, the request is medically necessary.