

Case Number:	CM14-0022523		
Date Assigned:	05/12/2014	Date of Injury:	11/08/2009
Decision Date:	07/10/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/23/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician 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 Physician 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 represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of November 8, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; reported diagnosis of shoulder impingement syndrome and adhesive capsulitis; MRI imaging of September 24, 2013, notable for the absence of any discrete rotator cuff tear with evidence ACE joint arthropathy; earlier wrist arthroscopy; and reported return to work. In a utilization review reported dated February 13, 2014, the claims administrator partially certified a request for left shoulder corticosteroid injection with ultrasound guidance to left shoulder corticosteroid injection without ultrasound guidance, citing non-MTUS Third Edition ACOEM Guidelines, which was mistakenly labeled as originating from the MTUS and non-MTUS ODG Guidelines. The claims administrator, it is incidentally noted, cited ODG Guidelines on diagnostic ultrasound as opposed to guidelines on ultrasound-guided steroid injections. The applicant's attorney subsequently appealed. In a medical progress note dated, January 31, 2014, handwritten, difficult to follow, not entirely legible, the applicant was described as reporting persistent shoulder pain. Range of motion is limited to 165 degrees of flexion. Crepitation is appreciated with 4/5 strength noted in terms of resisted abduction. The note was quite difficult to follow. Authorization was apparently sought for an ultrasound-guided shoulder corticosteroid injection. The applicant was returned to regular work. In an August 19, 2013 review of records, the applicant's current primary treating provider stated that the applicant had an earlier history of wrist surgery and further stated that the bulk of the applicant's treatment to date had revolved around the injured wrist to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SHOULDER ULTRASOUND GUIDED INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213. Decision based on Non-MTUS Citation British Medical Journal (BMJ), 2009.;Orthopedics, 2011.

Decision rationale: While the MTUS Guidelines in Chapter 9, Table 9-6, page 213, do recommend two to three subacromial injections of local anesthetic and cortisone as part and parcel of rehabilitation program to treat rotator cuff impingement syndrome, the diagnosis reportedly present here, the MTUS does not specifically address the topic of ultrasound guided shoulder corticosteroid injection therapy. As noted in the British Medical Journal (BMJ), in 2009, there were no important deficits or short-term outcomes between local ultrasound-guided corticosteroid injection versus systemic, blind corticosteroid injection in applicants with rotator cuff pathology, as is suspected here. It is further noted that an article appearing in the journal Orthopedics in 2011 states that ultrasound guidance does not change the efficacy of steroid injections. Orthopedics ultimately concluded that ultrasound guidance may not be necessary for shoulder corticosteroid injections. In this case, the attending provider did not proffer any injured worker-specific information or rationale for the ultrasound guidance component of the request which would offset the tepid BMJ recommendation. The documentation of file was sparse, handwritten, not entirely legible, and difficult to follow. No compelling case was made for the ultrasound-guided injection which would offset the unfavorable BMJ and Orthopedics recommendations. Therefore, the request is not medically necessary.