MAXIMUS Federal Services

Case Number:	CM14-0023466		
Date Assigned:	05/12/2014	Date of Injury:	10/16/2009
Decision Date:	08/28/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/24/2014

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 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 injured worker is a 50 year old female injured on October 16, 2009 when attempting to place poles on a broken down bus. Current diagnoses included rotator cuff tendinosis, impingement, labral tear, possible partial rotator cuff tear, and degenerative joint disease. Clinical note dated December 19, 2013 indicated the injured worker presented reporting increasing left shoulder pain and neck pain rated 8/10 with associated difficulty sleeping. The injured worker reported requiring additional medications for pain management to include Tramadol. Physical examination revealed decreased range of motion, positive Neer/Hawkin impingement signs, positive labral test, negative cross arm test, and rotator cuff strength 5/5. MRI indicated severe rotator cuff tendinosis and degenerative joint disease. Previous subacromial injection provided significant yet temporary relief. The injured worker was recommended to continue physical therapy and at least one more cortisone injection. The initial request for corticosteroid injections both in the shoulder joint and into subacromial space (quantity two) ultrasound guidance quantity was non-certified on February 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CORTICOSTEROID INJECTIONS BOTH INTO SHOULDER JOINT AND INTO SUBACROMIAL SPACE QTY:2.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Shoulder Complaints, Sub-acromial injection Page(s): 46.

Decision rationale: As noted in current evidence based guidelines steroid injections were recommended for diagnoses of adhesive capsulitis, impingement syndrome, or rotator cuff problems. However, they are generally performed without fluoroscopic or ultrasound guidance. Additionally, only one injection should be scheduled rather than a series of three. There was no indication in the clinical documentation the specific number of injections performed prior to the request submitted. As such, the request for corticosteroid injections both into the shoulder joint and into subacromial space (quantity two) and ultrasound guidance quantity could not be recommended as medically necessary.

ULTRASOUND GUIDANCE QTY:1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Shoulder Complaints, Sub-acromial injection Page(s): 46.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.