

Case Number:	CM14-0027367		
Date Assigned:	06/13/2014	Date of Injury:	12/02/1999
Decision Date:	08/12/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/04/2014

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 Anesthesia, has a subspecialty in Acupuncture & 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 64 year old male injured worker with date of injury 12/2/99 with related shoulder pain. The progress report dated 6/2/14; he also reported worsening elbow pain. He received an elbow injection on 4/21/14 that did not help his symptoms much. His diagnoses included left shoulder pain with history of adhesive capsulitis, improving with physical therapy; and chronic left lateral elbow tendinosis with possible indolent infection. Imaging studies were not available in the documentation submitted for review. Treatment to date has included injections, physical therapy, physical manipulation, and medication management. The date of UR decision was 2/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

CORTICOSTEROID INJECTION TO LEFT GLENOHUMERAL JOINT QTY: 1.00:

Overtured

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 555-556.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Steroid Injections.

Decision rationale: The ACOEM guideline, corticosteroid injection into the subacromial bursa is an option for impingement syndrome. For further detail, the Official Disability Guidelines TWC was consulted. With regard to steroid injections, the Official Disability Guidelines states: Criteria for Steroid injections: Diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems, except for post-traumatic impingement of the shoulder; Not controlled adequately by recommended conservative treatments (physical therapy and exercise, NSAIDs or acetaminophen), after at least 3 months; Pain interferes with functional activities (e.g., pain with elevation is significantly limiting work); Intended for short-term control of symptoms to resume conservative medical management; Generally performed without fluoroscopic or ultrasound guidance; Only one injection should be scheduled to start, rather than a series of three;- A second injection is not recommended if the first has resulted in complete resolution of symptoms, or if there has been no response; with several weeks of temporary, partial resolution of symptoms, and then worsening pain and function, a repeat steroid injection may be an option;- The number of injections should be limited to three. The documentation submitted for review indicate that a subacromial space injection was administered 11/7/13, follow up note dated 12/18/13 indicated that the injured worker's shoulder lost range of motion despite his doing home exercises. There is no documentation of the 1/14 shoulder steroid injection to which the UR physician refers. The 11/13 injection helped with pain, but he still had the same stiffness. It is not specified whether the 1/14 injection was done with imaging guidance, and the procedure notes are not available for my review. Subacromial space injections are typically done without imaging guidance, however glenohumeral injections usually require fluoroscopic or ultrasound guidance. I agree with the UR physician's assertion that there was no documentation detailing the outcome of the 1/14 injection, however it may be that the 1/14 injection was a subacromial space injection as well. As there are no records detailing a previous glenohumeral intra-articular injection, and since the records support the indication for an initial glenohumeral intra-articular injection (a documented diagnosis of adhesive capsulitis), then the request is medically necessary.

POST MANIPULATION PHYSICAL THERAPY 2-3X/WEEK FOR 4-8 WEEKS, LEFT SHOULDER QTY: 24.00: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

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

Decision rationale: The Official Disability Guidelines Physical Therapy Guidelines allow for fading of treatment frequency (from up to three visits per week to 1 or less), plus active self-directed home PT. Also, see other general guidelines that apply to all conditions under Physical Therapy in the Official Disability Guidelines Adhesive capsulitis Medical treatment: 16 visits over 8 weeks Post-surgical treatment: 24 visits over 14 weeks. The guidelines do not specify a recommendation for how many physical therapy visits should follow shoulder manipulation. The documentation does not specify how many physical therapy visits the injured worker has already had, though it stated that physical therapy was beneficial for the injured worker in the past. Without this information, medical necessity cannot be affirmed. It should be noted that the UR

physician has certified a modification of this request specifying 12 visits. Therefore, the request is not medically necessary.