MAXIMUS Federal Services

Case Number:	CM14-0037033		
Date Assigned:	06/25/2014	Date of Injury:	10/15/2013
Decision Date:	08/13/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/27/2014

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 Physical Medicine and Rehabilitation 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 41-year-old male who reported an injury on 10/15/2013. The mechanism of injury is unknown. The injured worker complained of left shoulder pain, rating it a 6/10. He denied numbness and tingling. Physical examination dated 05/07/2014 revealed no muscle atrophy at the bilateral shoulders. There was tenderness to palpation over left anterior shoulder and acromioclavicular joint. There was mild crepitus to the left shoulder and pain with passive range of motion and decreased pain with active range of motion in the left shoulder. There was a positive Neer's sign, positive Hawkins, and a positive empty can on the left. Upper extremity had intact gross sensation. Muscle strength was decreased 4/5 secondary to pain with shoulder abduction/flexion on the left. 4/5 lift off muscle strength was noted on the left. MRI dated 02/07/2014 of the left shoulder revealed there was no significant acromioclavicular osteoarthritis. There was a small amount of abnormal fluid in the subacromial-sub deltoid bursa. There was no abnormal glenohumeral effusion or glenohumeral osteoarthritis. There was signal alteration of the tendons of the supraspinatus and infraspinatus, suggestive of tendinosis of low grade partial tear, with subscapularis and teres minor tendons were intact without significant tendinosis or evidence of tear. The injured worker has diagnoses of rotator cuff syndrome of the shoulder and strain of the shoulder. Past treatment includes physical therapy, home exercise program, and medication therapy. Medications include naproxen and tramadol. No duration, dosage, or frequency was documented on the progress note. The current treatment plan is for ultrasound guided injection to the left shoulder. The rationale was not submitted for review. The Request for Authorization form was submitted on 03/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided injection to left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205..

Decision rationale: The Official Disability Guidelines state that invasive techniques have limited proven value. If pain with elevation significantly limits activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy (i.e., strengthening exercises and non-steroidal anti-inflammatory drugs) for two to three weeks. The evidence supporting such an approach is not overwhelming. The total number of injections should be limited to three per episode, allowing for assessment of benefit between injections. ODG guidelines state conventional anatomical guidance by an experienced clinician is generally adequate. While ultrasound guidance may improve the accuracy of injection to the putative site of pathology in the shoulder, it is not clear that this improves its efficacy. The submitted report shows that the injured worker completed 6 sessions of physical therapy, started 01/08/2014 through 01/28/2014. The submitted reports lacked evidence of the progress of the injured worker. The notes did not provide specific details regarding improvement of the injured worker's left shoulder with prior therapy. Guidelines stipulate that injections are considered only after strengthening exercises have been completed and failed. Guidelines also state that there is to be the use of non-steroidal anti-inflammatory medications failed as well. With efficacy of the prior conservative being unclear, the request is not within guidelines. Furthermore, the submitted request did not specify what type of injection the provider is requesting. As such, the request for Ultrasound guided injection to left shoulder is not medically necessary.