

Case Number:	CM14-0040430		
Date Assigned:	06/27/2014	Date of Injury:	01/08/2009
Decision Date:	07/23/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/07/2014

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 Orthopedic Surgery 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:

This 42-year-old male fire sprinkler installer sustained an industrial injury on January 8, 2009 when he fell approximately 9 feet from a ladder. The patient is status post L4/5 and L5/S1 lumbar decompression and fusion on June 14, 2010, and left knee arthroscopic surgery on August 16, 2011. He underwent right shoulder arthroscopic rotator cuff repair, subacromial decompression, and labral debridement on May 18, 2011. The March 13, 2014 treating physician report indicated the patient had on-going right shoulder discomfort with significant pain on range of motion. Pain was mainly activity related. The patient had difficulty sleeping on his right side. Physical exam documented restricted range of motion, mild anterior acromion tenderness, and positive impingement signs. There were negative O'Brien test and labral signs. There was no instability. Upper arm strength was normal. The diagnosis was right shoulder labral tear, impingement, acromioclavicular joint arthritis, and status post labral repair, decompression, and distal clavicle resection with adhesive capsulitis. The treatment plan recommended an ultrasound guided right shoulder intra-articular injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided intra-articular injection of the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 11th Web Edition 2014, Shoulder Treatment, Steroid Injections.

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

Decision rationale: The California MTUS Guideline does not provide recommendations for ultrasound guided injections in chronic shoulder complaints. The Official Disability Guidelines generally support steroid injections for the shoulder when indications are met. Glucocorticoid injection for shoulder pain has traditionally been performed guided by anatomical landmarks alone, and that is still recommended. Guidelines state that although 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 to justify the significant added cost. There is no compelling reason to support the medically necessary of an ultrasound-guided injection in the absence of guideline support. Therefore, this request for ultrasound guided intra-articular injection of the right shoulder is not medically necessary.