

Case Number:	CM14-0046334		
Date Assigned:	07/02/2014	Date of Injury:	05/19/2012
Decision Date:	08/13/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/14/2014

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 Florida. 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 53-year-old female who reported an injury on 05/19/2012. The mechanism of injury was a fall. Her diagnosis includes right shoulder pain. Her previous treatments included medications and physical therapy. Per the clinical note dated 12/04/2013, the injured worker reported she continued to have left knee pain, right shoulder pain, and low back pain. She reported that the pain in her right shoulder had continued to increase and was rated at a 7/10. She reported it was worse with overhead activity, repetitive movement, pushing, and pulling. The physician reported an MRI of the right shoulder on 11/05/2012 revealed a rotator cuff tear with moderate impingement. The physician reported the injured worker appeared to be somewhat anxious during her appointment and she reported complaints of worsening anxiety and depression. The physician's treatment plan included a request for extracorporeal shockwave therapy for the right shoulder, and a request for a pain management consult for the lumbar spine and right shoulder, for possible injections and further treatment recommendations. The physician also provided prescriptions for Diazepam, Hydrocodone, Pantoprazole, Bupropion XL, and transdermal compounds. Per the clinical note dated 03/13/2014, the injured worker was in for her pain management consult. The injured worker reported she had pain in her right shoulder and described it as constant and sharp with intensity of 8/10. She reported the pain increased with activity and she had a relief with medications and rest. She also reported it interfered with her daily activities and her sleep. She also reported she had received physical therapy with minimal relief in her pain. On physical examination of the right shoulder, the physician reported forward flexion at 90 degrees and adduction 80 degrees. The physician reported tenderness over the acromioclavicular joint on the right side and tenderness over the superior border of the trapezius muscle. The physician's treatment recommendation included a request for authorization for ultrasound guided right shoulder subacromial steroid injection and a right shoulder ultrasound

guided suprascapular nerve block. The current request is a for right shoulder ultrasound guided subacromial steroid injection. The rationale for the request was not provided in the medical records. The Request for Authorization was not provided in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder ultrasound guided subacromial steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Steroid injections.

Decision rationale: ACOEM 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 nonsteroidal anti-inflammatory drugs) for two to three weeks. The Official Disability Guidelines state steroid injections are generally performed without fluoroscopic or ultrasound guidance. The injured worker reported her pain was relieved by medications and she had received physical therapy in the past, however it was unclear if the physical therapy was current, as the previous notes failed to indicate that physical therapy was recommended for her shoulder. As such, the request is not medically necessary.