

Case Number:	CM14-0078078		
Date Assigned:	08/01/2014	Date of Injury:	08/10/2007
Decision Date:	09/24/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/28/2014

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 Occupational 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:

This is a 41 year old female with an 8/10/2007 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 4/22/14 noted subjective complaints of left shoulder pain. Objective findings included decreased ROM left shoulder in all planes. It noted that the plan was for patient to undergo left shoulder injection, and that prior injection resulted in 6 weeks of >50% relief. EMG/NCV of upper extremities 4/22/14 was normal. Diagnostic Impression: left shoulder impingement Treatment to date includes physical therapy, prior shoulder injection, and medication management A UR decision dated 5/2/14 denied the request for left shoulder injection under ultrasound. 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 NSAIDs) for two to three weeks. That has not been documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Use of ultrasound: Upheld

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

Decision rationale: The ODG states that for rotator cuff disease, corticosteroid injections may be superior to physical therapy interventions for short-term results, and a maximum of three are recommended. If pain with elevation is significantly limiting activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy (i.e., strengthening exercises and NSAIDs) for two to three weeks, but the evidence is not yet overwhelming, and the total number of injections should be limited to no more than three. Regarding ultrasound guidance, the ODG states: glucocorticoid injection for shoulder pain has traditionally been performed guided by anatomical landmarks alone, and that is still recommended. With the advent of readily available imaging tools such as ultrasound, image-guided injections have increasingly become more routine. While there is some evidence that the use of imaging improves accuracy, there is no current evidence that it improves patient-relevant outcomes. However, while the patient does appear to have reasonable objective indications for a corticosteroid injection, the use of ultrasound guidance is not necessary. Traditional landmark methods are the standard, and there is no provided rationale as to any special condition which would make ultrasound a necessity. Therefore, the request for left shoulder injection with the use of ultrasound is not medically necessary.