

Case Number:	CM14-0196627		
Date Assigned:	12/04/2014	Date of Injury:	11/17/2006
Decision Date:	01/23/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/24/2014

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 Internal Medicine, has a subspecialty in Hospice and Palliative Medicine, and is licensed to practice in Pennsylvania. 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 64-year-old woman with a date of injury of 11/17/2006. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 10/10/2014 indicated the worker was experiencing pain in both shoulders. No other clinical records were submitted for review. The documented examination described decreased motion in the shoulder joints. The submitted and reviewed documentation concluded the worker was suffering from left shoulder impingement syndrome, bicep tendinopathy, right shoulder adhesive capsulitis, and carpal tunnel syndrome on both sides without symptoms. Treatment recommendations included oral and topical pain medications, orthopedic monitoring, and follow up care. A Utilization Review decision was rendered on 11/07/2014 recommending non-certification for an ultrasound-guided cortisone injection into the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided cortisone injection right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder chapter (updated 10/31/14), Steroid injections

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-225.

Decision rationale: The MTUS Guidelines support the use of steroid injection into the shoulder joint as an optional treatment for shoulder impingement syndrome. In this setting, the corticosteroid medication is injected into the subacromial bursa. The submitted and reviewed documentation concluded the worker was suffering from left shoulder impingement syndrome, bicep tendinopathy, right shoulder adhesive capsulitis, and carpal tunnel syndrome on both sides without symptoms. There was no discussion detailing the need for guidance with ultrasound. In the absence of such evidence, the current request for an ultrasound-guided cortisone injection into the right shoulder is not medically necessary.