

Case Number:	CM14-0199612		
Date Assigned:	12/11/2014	Date of Injury:	05/14/2005
Decision Date:	01/23/2015	UR Denial Date:	11/08/2014
Priority:	Standard	Application Received:	12/01/2014

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 Family Practice and is licensed to practice in New Jersey. 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 49-year old male who sustained a work related injury on May 14, 2005, noted by the UR Physician to have occurred when lifting shelves, resulting in pain in the right shoulder. He was diagnosed with right shoulder pain, neck pain. On August 18, 2008, the injured worker underwent a posterior C3 and C4 cervical laminectomy, with extensive foraminotomy and facetectomy. An Orthopedic follow up evaluation dated July 10, 2014, noted the injured worker with neck and right shoulder pain. The injured worker was noted to have received trigger point injection into the upper trapezius on the right side and a subacromial injection under ultrasound guidance on July 17, 2014. The injured worker noted the injections helped with the neck symptoms, however, there continued to be increased pain about both the front and back of the right shoulder. The injured worker also noted continued neck stiffness and tightness. Physical examination of the neck was noted to show tenderness to palpation bilaterally about the cervical paraspinal musculature, with the injured worker complaining of moderate pain at the extremes of motion. Examination of the right shoulder was noted to reveal tenderness to palpation about the subacromial space as well as the bicipital groove. A cervical spine x-ray was noted to have been obtained with the fusion appearing solid and stable, without hardware malfunction. The Physician requested retrospective authorization for ultrasound guided diagnostic/injection to the right shoulder for the date of service of October 23, 2014. On November 6, 2014, Utilization Review evaluated the retrospective request for ultrasound guided diagnostic/injection to the right shoulder for the date of service of October 23, 2014, citing the MTUS American College of Occupational and Environmental Medicine (ACOEM) Guidelines. The UR Physician noted the available clinical records did not indicate any physical therapy or a regular home exercise program, therefore, based on the lack of conservative care, the request for ultrasound guided diagnostic/injection to the right shoulder for the date of service of October 23,

2014, was non-certified. The decision was subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Drain/Inject Joint/Bursa: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, 213.

Decision rationale: As per MTUS guidelines, corticosteroid injection can be considered after 2-3 weeks of conservative therapy such as therapy or medications. The evidence supporting such an approach is not overwhelming. Two or three subacromial injections over an extended period as part of an exercise rehabilitation program can be considered. As per the chart, the patient does not have documented trial of physical therapy or a home exercise program. He was not part of an exercise rehabilitation program. He has not had an adequate trial of conservative therapy and therefore, the request is considered not medically necessary.