MAXIMUS Federal Services

Case Number:	CM14-0199994		
Date Assigned:	12/10/2014	Date of Injury:	09/18/2013
Decision Date:	01/28/2015	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 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 56 years old male patient who sustained an injury on 9/18/2013. He sustained the injury due to involved in motor vehicle accident. The current diagnoses include shoulder impingement, shoulder strain and cervical radiculopathy. Per the doctor's note dated 9/11/2014, he had complaints of neck and left shoulder pain. The physical examination revealed cervical/thoracic spine- tenderness over the C5-7 and left cervical paraspinals bilateral, full range of motion, 4/5 strength in left hand intrinsic muscles; left shoulder- tenderness over the supraspinatus muscles, limited range of motion, positive supraspinatus/empty can test, positive Hawkin's and Neer's test bilaterally and 4/5 strength in left shoulder. The medications list includes tramadol, omeprazole and ibuprofen. He has had MRI left shoulder which revealed supraspinatus tendonitis and no tear and cervical MRI which revealed disc bulge with neural foraminal narrowing; CT of the maxillofacial bone and CT cervical spine dated 9/18/2013 which revealed no evidence for fracture. He had undergone left shoulder subacromial injection on 7/31/2014 without help. He has had physical therapy visits and chiropractic visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided subacromial injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Chapter:Shoulder (updated 10/31/14), Steroid injections.

Decision rationale: As per the ACOEM guidelines, "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 evidence supporting such an approach is not overwhelming." Per the cited guidelines a subacromial injection is given after a trial of conservative therapy. In addition per the ODG, "Steroid injections compared to physical therapy seem to have better initial but worse long-term outcomes. There is limited research to support the routine use of subacromial injections for pathologic processes involving the rotator cuff." Per the ODG " - A second injection is not recommended if the first has resulted in complete resolution of symptoms, or if there has been no response; - With several weeks of temporary, partial resolution of symptoms, and then worsening pain and function, a repeat steroid injection may be an option..." He had undergone left shoulder subacromial injection on 7/31/2014 without help. The rationale for a repeat injection without pain relief with previous injection is not specified in the records provided. The medical necessity of Ultrasound guided subacromial injection is not established for this patient.