

Case Number:	CM14-0201554		
Date Assigned:	12/11/2014	Date of Injury:	03/02/2011
Decision Date:	01/30/2015	UR Denial Date:	10/28/2014
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 Physical Medicine Rehab, has a subspecialty in Interventional spine 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:

The patient is a 62 year-old male with a 3/02/2011 date of injury. According to the 9/15/14 report, the patient presents with low back pain and right shoulder pain, 4-7/10. Physical exam revealed TTP lumbar paraspinals, and negative orthopedic tests in the shoulder. The physician requested PT x6; a right subacromial bursa injection with ultrasound guidance; and provided a toradol injection; and notes the patient is also awaiting trochanteric bursa injection under fluoroscopic guidance. Utilization review letter dated 10/27/14 denied the right subacromial bursa injection under ultrasound guidance, stating MTUS did not discuss this, and despite some support with ODG recommendations, the physician did not provide a rationale for the injection. The 9/15/14 anesthesiology report was the only report available that discussed the request. 16 psychology reports were provided for review from 5/6/14 through 9/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right subacromial bursa injection under ultrasound guidance: 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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter online for Steroid Injections

Decision rationale: The patient is a 62 year-old male with a 3/02/2011 date of injury. According to the 9/15/14 report, the patient presents with 4-7/10 low back pain and right shoulder pain. Physical exam was negative for shoulder problems, but did show tenderness in the lumbar paraspinal musculature. The physician requested PT x6 and an ultrasound guided right subacromial injection. This request is for right subacromial bursa injection under ultrasound guidance. The MTUS /ACOEM guidelines page 204, Shoulder, Chapter 9, for initial care states 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 non-steroidal anti-inflammatory drugs) for two to three weeks. The evidence supporting such an approach is not overwhelming. The total number of injections should be limited to three per episode, allowing for assessment of benefit between injections. The MTUS/ACOEM guidelines did not discuss the necessity of ultrasound guidance for the injection, so ODG-TWC guidelines were also consulted. ODG guidelines, shoulder chapter online for steroid injections, criteria for steroid injections states these are generally performed without fluoroscopic or ultrasound guidance. The 9/15/14 report did not document any shoulder pain with elevation or limited activity with the right shoulder or any positive physical exam findings that would support a cortisone injection in accordance with MTUS/ACOEM guidelines. ODG guidelines state subacromial injections are generally performed without ultrasound guidance. Based on the provided information, the request does not meet the MTUS/ACOEM requirements for shoulder injections and the ultrasound guidance is not in accordance with ODG guidelines. The request for a right subacromial bursa injection with ultrasound guidance is not medically necessary.