

Case Number:	CM14-0203624		
Date Assigned:	12/16/2014	Date of Injury:	08/24/2013
Decision Date:	02/05/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/05/2014

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 Pain 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:

The injured worker is a 50 year-old male with a date of injury of August 24, 2013. The patient's industrially related diagnoses include cervical sprain/strain, right shoulder tenosynovitis, chronic low back pain, intermittent radiculopathy of the right lower extremity, and right knee lateral meniscus tear. The injured worker had x-rays of the right shoulder on 9/19/2013 that showed mild degenerative joint disease of the acromioclavicular joint. An ultrasound of bilateral shoulders done 9/25/2014 was normal. The injured worker had an MRI of the C/S on 7/24/2014 that showed a 3 mm disc protrusion at C5-C6, C6-C7, and 3-4 mm disc protrusion at C7-T1. An L/S MRI done on 7/24/2014 showed a 4 mm disc protrusion at L4-L5, a 5 mm disc protrusion at L5-S1, an indentation impingement of the left L5 nerve root and the L4-L5 neural foramen, and a small annular tear at L5-S1. The disputed issues are right shoulder SA (subacromial) injection under ultrasound guidance, right shoulder MR arthrogram, and surgical consultation. A utilization review determination on 11/20/2014 had non-certified these requests. The stated rationale for the approval of the right shoulder subacromial injection but the denial of the ultrasound guidance was: "Although subacromial corticosteroid injection as part of conservative treatments is a reasonable option and while there is some evidence that the use of imaging improves accuracy for subacromial corticosteroid injection, there is no current evidence that it improves patient-relevant outcomes compared to traditionally guided by anatomical landmarks alone. Based on the clinical information submitted for this review and using the evidence-based peer-review guidelines medical necessity of right shoulder subacromial corticosteroids injection without ultrasound guidance is established." The stated rationale for the denial of right shoulder MRA and surgical consult was: "Submitted documentation indicated the claimant complains of ongoing right shoulder pain. The claimant underwent an Agreed Medical Evaluation who indicated the claimant requires subacromial corticosteroid injection. With certification for

subacromial corticosteroid injection, medical necessity of requested right shoulder MR arthrogram and surgical consult is not established."

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder SA Injection under Ultrasound Guidance: 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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Shoulder Injection Section Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Injection Topic

Decision rationale: Regarding the request for right shoulder SA injection under ultrasound guidance, Chronic Pain Medical Treatment Guidelines support the use of a subacromial injection if pain with elevation significantly limits activity following failure of conservative treatment for 2 or 3 weeks. Official Disability Guidelines recommend performing shoulder injections guided by anatomical landmarks alone. Guidelines further state that although ultrasound guidance may improve the accuracy of injection to the putative site of pathology in the shoulder, it is not clear that this improves its efficacy to justify the significant added cost. Shoulder corticosteroid injections are recommended for adhesive capsulitis, impingement syndrome, or rotator cuff problems which are not controlled adequately by conservative treatment when pain interferes with functional activities. Within the medical records available for review, there is documentation that the injured worker has had some conservative treatment of physical medicine and medication but symptoms in the right shoulder persist. Furthermore, there were objective findings of positive impingement sign and pain with elevation above 95 degrees noted on physical exam in the progress report dated 11/7/2014. Based on the guidelines, a right shoulder SA injection as part of the conservative treatment is recommended. However, according to the evidence-based guidelines, ultrasound guidance is not recommended. Unfortunately the IMR process cannot alter the request. As such, the request for right shoulder SA injection under ultrasound guidance is not medically necessary.

Right Shoulder MR Arthrogram: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207- 209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, MR Arthrogram

Decision rationale: Regarding the request for MR arthrogram of the right shoulder, Occupational Medicine Practice Guidelines state that more specialized imaging studies are not "recommended during the 4 to 6 weeks of activity limitation due to shoulder symptoms except

when a red flag is noted on history or examination." Cases of impingement syndrome are managed the same whether or not radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or AC joint. Guidelines further specify imaging studies for physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. ODG recommends MRA as an option to detect labral tears, and for suspected re-tear post-op rotator cuff repair. Within the documentation available for review, it does not appear the injured has failed conservative treatment options as the request for subacromial corticosteroid injection to the right shoulder has been certified but not performed yet. The injured worker had x-rays of the right shoulder on 9/19/2013 that showed mild degenerative joint disease of the acromioclavicular joint. An ultrasound of bilateral shoulders done 9/25/2014 indicated normal bilateral shoulders. In the somewhat illegible hand-written progress report dated 11/7/2014, the treating physician indicated possible impingement syndrome based on objective findings of positive impingement test and ordered an MRA to rule out labral tear. However, it is unclear how an MRA will change the injured worker's current treatment plan since he is awaiting a subacromial corticosteroid injection. In light of these issues, the currently requested right shoulder MR arthrogram is not medically necessary at this time.

Surgical Consult: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7: Independent Medical Examinations and Consultations page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127

Decision rationale: Regarding the request for surgical consultation, the California MTUS does not address this issue. The American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines support consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Guidelines further state that a referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. In the progress report dated 11/7/2014, the treating physician ordered an MR arthrogram and referred the injured worker for a surgical consult for the evaluation of the right shoulder stating that the injured worker would consider surgery. However, in an AME report dated 8/14/2014, the evaluating physician indicated that he did not anticipate that the injured worker required surgery at that time. Due to differing medical opinions, specialty consultation with a surgeon is recommended to aid in determining if surgery is indicated in the case of this injured worker. Based on the guidelines and the documentation provided, the request for surgical consultation is medically necessary.