

Case Number:	CM14-0205345		
Date Assigned:	12/17/2014	Date of Injury:	02/28/2014
Decision Date:	02/11/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/08/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 47 year old employee with date of injury of 2/28/14. Medical records indicate the patient is undergoing treatment for right shoulder pain and right shoulder rotator cuff arthropathy and right shoulder AC joint arthritis. Subjective complaints include ongoing right shoulder pain. Objective findings include point tenderness over the right AC joint. Range of motion in degrees: forward flexion, 65; shoulder abduction, 45 and then she starts scapular protraction. Her internal and external rotation are 30 and her cross arm test is positive. An x-ray (11/5/14) shows AC (right) joint arthropathy, although she has type I acromion. Treatment has consisted of 12 sessions of physical therapy, Naprosyn. The utilization review determination was rendered on 11/18/14 recommending modification of a Right shoulder injection to AC joint and subacromial space to AC joint only.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder injection under ultrasound guidance, one to AC joint and the second to the subacromial space: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200-214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Steroid Injection.

Decision rationale: ACOEM Table 9-6 states "Two or three sub- acromial injections of local anesthetic and cortisone preparation over an extended period as part of an Exercise rehabilitation program to treat rotator cuff inflammation, impingement syndrome, or small tears (C, D)." C = Limited research-based evidence (at least one adequate scientific study of patients with shoulder disorders). D = Panel interpretation of information not meeting inclusion criteria for research-based evidence. ODG Criteria for Steroid injections:- Diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems, except for post-traumatic impingement of the shoulder;- Not controlled adequately by recommended conservative treatments (physical therapy and exercise, NSAIDs or acetaminophen), after at least 3 months;- Pain interferes with functional activities (eg, pain with elevation is significantly limiting work);- Intended for short-term control of symptoms to resume conservative medical management;- Generally performed without fluoroscopic or ultrasound guidance;- Only one injection should be scheduled to start, rather than a series of three;- 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;- The number of injections should be limited to three. While steroid injections of the shoulder are supported for limited reasons, Subacromial injections are not supported by guidelines. As such, the request for Right shoulder injection to AC joint and subacromial space is not medically necessary.