

Case Number:	CM14-0206070		
Date Assigned:	12/18/2014	Date of Injury:	07/17/2008
Decision Date:	02/20/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/09/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 57 year old who was injured on 7/17/2008. The diagnoses are cervical spondylosis, subscapular neuralgia, degenerative joint disease of right shoulder and shoulder pain. The patient completed PT, home exercise program and joint injection. The last steroid injection on March 2014 provided 50% reduction in pain for several months. On 11/17/2014, Dr. [REDACTED] noted subjective complaint of right shoulder pain with decreased range of motion. The objective findings include tenderness over the acromioclavicular joint and subscapular notch. The medications listed are Opana, Zanaflex, Ambien and topical products. The patient was approved for a repeat steroid injection to the right shoulder but utilization of fluoroscopic guidance was not authorized. A Utilization Review determination was rendered on 12/2/2014 recommending non certification for Fluoroscopic guidance for already approved right shoulder injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluriscopic Guide, for Cortisone Injection into the right shoulder: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.gov/pubmedBMC> Muscoloskelet Disord. 2011, Jun 25

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Shoulder.

Decision rationale: The CA MTUS did not specifically address the use of fluoroscopy for joint injections. The ODG guidelines recommend that fluoroscopy can be utilized to ensure optimum needle placement to locations that would not otherwise be easily accessible. Steroid injections following accurate needle localization are associated with increased injection efficacy and functional benefits. The records show that a prior steroid injection provided 50% reduction in pain for several months. There was no report if the fluoroscopic guided injection technique was used. The criteria for the use of fluoroscopic guidance for the right shoulder cortisone injection was met.