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| Case Number: | CM14-0208920 | | |
| Date Assigned: | 12/22/2014 | Date of Injury: | 04/23/2007 |
| Decision Date: | 02/18/2015 | UR Denial Date: | 11/24/2014 |
| Priority: | Standard | Application Received: | 12/15/2014 |

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: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 60 year old female with an injury date on 4/23/07. The patient complains of left hip pain, cervical spine pain, lumbar spine pain, and bilateral knee pain per 4/23/14 report. The patient's primary complaint is right knee pain rated 8/10, with pain radiating down bilateral legs, describing pain as "throbbing with popping sounds" per 10/22/14 report. Based on the 10/22/14 progress report provided by the treating physician, the diagnoses are: 1. cervical strain, disc lesion of cervical spine 2. lumbar disc herniation with radiculitis/radiculopathy 3. right shoulder tendonitis, impingement syndrome, positive MRI 4. overload pain, left shoulder, due to compensation for the right shoulder pain 5. bilateral knees s/s 6. anxiety and depression 7. insomnia A physical exam on 10/22/14 showed "right knee range of motion is restricted." The 4/23/14 report showed limited L-spine range of motion. Limited C-spine range of motion." No shoulder range of motion testing was found in reports. The patient's treatment history includes medications, physical therapy (right knee, C-spine, L-spine). The treating physician is requesting ultrasound guided corticosteroid injection right shoulder. The utilization review determination being challenged is dated 11/24/14 and rejects request as there is lack of documentation of efficacy of prior treatment over past 7 years including possible shoulder injections, and lack of current objective findings for the shoulder. The requesting physician provided treatment reports from 4/23/14 to 10/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound Guided Corticosteroid Injection Right Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with right knee pain, bilateral leg pain, lower back pain, left hip pain, neck pain. The treater has asked for ultrasound guided corticosteroid injection right shoulder on 10/22/14 "for alleviation of pain and discomfort." The reports provided do not show any evidence of shoulder injections being done in the past. The MRI report for the right shoulder was not included in the provided documentation. Regarding corticosteroid injections for shoulder, ODG recommends up to three injections for a diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems, except for post-traumatic impingement of the shoulder. Regarding image guidance for shoulder injection, ODG states, "Glucocorticoid injection for shoulder pain has traditionally been performed guided by anatomical landmarks alone, and that is still recommended. With the advent of readily available imaging tools such as ultrasound, image-guided injections have increasingly become more routine. While there is some evidence that the use of imaging improves accuracy, there is no current evidence that it improves patient-relevant outcomes. The Cochrane systematic review on this was unable to establish any advantage in terms of pain, function, and shoulder range of motion or safety, of ultrasound-guided glucocorticoid injection for shoulder disorders over either landmark-guided or intramuscular injection. They concluded 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." In this case, the patient has chronic pain condition, although subjective pain or objective findings for the right shoulder were not mentioned in provided progress reports dated from 4/23/14 to 10/22/14. The treater has requested a right shoulder corticosteroid injection, and there is no evidence the patient has had prior injections. Although subjective data and exam findings are lacking, the treater does provide a diagnosis of right shoulder tendonitis and impingement syndrome confirmed by a positive MRI, as per ODG guidelines. However, the requested ultrasound guidance is not supported by the ODG guidelines. The request is not medically necessary.