

Case Number:	CM15-0005499		
Date Assigned:	01/16/2015	Date of Injury:	09/19/2009
Decision Date:	03/24/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/12/2015

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, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

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 43-year-old male who reported injury on 09/19/2009. The mechanism of injury was not provided. The prior therapies and the surgical history were not provided. The documentation on 10/22/2014 revealed the injured worker had complaints of left shoulder pain, left elbow pain, bilateral wrist and hand pain, and low back pain. The injured worker was noted to undergo an MRI of the left shoulder, which was positive for tendinitis, impingement, and AC arthritis. The injured worker had an EMG/NCV which revealed right and left carpal tunnel syndrome and cubital tunnel syndrome, per the physical exam documentation. The objective findings revealed the injured worker had a positive Tinel's and positive Phalen's sign over the carpal tunnel region and abnormal 2 point discrimination over the median nerve distribution greater than 8 mm. The diagnoses included left elbow lateral epicondylitis, cubital tunnel syndrome, left shoulder tendinitis impingement, positive MRI, bilateral hand tendinitis, carpal tunnel syndrome right greater than left, and insomnia. The treatment plan included an ultrasound guided corticosteroid injection in the left shoulder for the alleviation of pain and discomfort. The physician indicated ultrasound guided injections had several advantages over traditional injections and were more accurate and less painful. Additionally, the documentation indicated the injured worker's medications including Xanax 1 mg and Norco 10/325 mg would be refilled when due. There was a Request for Authorization submitted dated 11/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided corticosteroid injection to the left shoulder x 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-
<http://www.acoempracguides.org/Shoulder>; Table 2, Summary of Recommendations, Shoulder Disorders

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Steroid Injections.

Decision rationale: The American College of Occupational and Environmental Medicine indicates that invasive techniques have limited proven value. If pain with elevation significantly limits activities, a subacromial injection of local anesthetic and a corticosteroid prepared injection may be indicated after conservative therapy including exercises and medications. They do not, however, address the use of ultrasound guidance. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that ultrasound guided injections have become increasingly more routine and there is some evidence that the use of imaging improves accuracy; however, there is no evidence that it improves the injured worker relevant outcomes. The clinical documentation submitted for review failed to indicate a failure of prior therapies including strengthening exercises and medications. There was a lack of documentation of objective findings regarding the left shoulder. There was a lack of documentation of exceptional factors to support the necessity for ultrasound guidance. Given the above and the lack of documentation, the request for Ultrasound guided corticosteroid injection to the left shoulder x 1 is not medically necessary.