

Case Number:	CM15-0008627		
Date Assigned:	01/30/2015	Date of Injury:	04/30/2014
Decision Date:	04/13/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/15/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 26-year-old male who reported an injury on 04/30/2014. The mechanism of injury was not provided for review. Current diagnoses include left shoulder impingement, rotator cuff strain, bicipital tendinitis, AC joint inflammation, and left knee internal derangement. A prior MRI review of the left shoulder from unknown date was noted to show evidence of tendinitis and an MRI of the left knee from unknown date was noted to show a proximal patellar tendinosis and a patella that was mildly and laterally subluxed. Treatments to date have included 12 sessions of physical therapy and modified work restriction. The latest clinical note dated 12/09/2014 noted that the injured worker had subjective complaints and persistent pain of the left shoulder and left knee. On physical examination, it was noted that the injured worker's was able to abduct the shoulder to 90 degrees with discomfort. It was also noted the injured worker's knee had full extension and flexion to about 110 degrees. He was also noted to have pain across the joint line medial and laterally. Under the treatment plan it was noted that the physician was recommending subacromial cortisone injection to the left shoulder and cortisone steroid injection to the knee for diagnostic and treatment purposes. It was also noted that the physician was recommending physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Subacromial injection left shoulder, lateral injection to the left knee #2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Injection.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 13 Knee Complaints Page(s): 201-205, 337.

Decision rationale: In regards to the request for subacromial injection on the left shoulder, the American College of Occupational and Environmental Medicine Guidelines state that invasive techniques have limited proven value; however, if pain with elevation significantly affects activities, subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy for 2 to 3 weeks. Additionally, the Official Disability Guidelines state that steroid injections to the shoulder may be considered in patients of a diagnosis of adhesive capsulitis, impingement syndrome, and/or rotator cuff problems that are not controlled adequately by recommended conservative treatment for at least 3 months and the pain interferes with functional activities. Although it was noted that the injured worker had a history of physical therapy, the injured worker was noted not to have any recent therapy and the physician was recommending physical therapy in conjunction with this request. Therefore, there is lack of evidence that appropriate conservative care has been attempted and failed prior to consideration of this invasive treatment option. Additionally, there is lack of evidence within documentation that the injured worker was officially diagnosed with adhesive capsulitis, impingement syndrome and/or rotator cuff disorder/injury. Therefore, the request for a subacromial injection to the left shoulder is not supported. In regards to the request for a lateral injection to the left knee #2, the American College of Occupational and Environmental Medicine Guidelines state that invasive techniques such as cortisone injections are not routinely indicated. However, the Official Disability Guidelines state that corticosteroid injections may be recommended in patients who have documented symptomatic severe osteoarthritis of the knee that has not been properly controlled with the recommended conservative treatment and the pain interferes with functional activities. The guidelines also state that only 1 injection should be scheduled to start and a second injection is not recommended unless the first injection shows objective measurable benefit. There is lack of evidence within the documentation that the injured worker has subjective or objective evidence of osteoarthritis on the knee. Additionally, there was lack of evidence that the injured worker had failed an appropriate amount of recommended conservative treatments. Furthermore, the request for 2 injections is not appropriate as a repeat injection cannot be supported without evidence of efficacy of the first injection. As such, the request for a lateral injection to the left knee #2 is not supported. Therefore, the request for subacromial injection to the left shoulder and lateral injection to left knee #2 is not medically necessary.