

Case Number:	CM15-0100858		
Date Assigned:	06/03/2015	Date of Injury:	03/23/2014
Decision Date:	07/08/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/26/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 57 year old female who sustained an industrial injury on 3/23/14. The injured worker was diagnosed as having left shoulder sprain/strain, status post right hand carpal tunnel release and status post left elbow lateral epicondylectomy. Currently, the injured worker was with complaints of left shoulder pain. Previous treatments included a left shoulder cortisone injection, medication management and activity modification. Physical examination was notable for positive left shoulder impingement test, tenderness noted over the greater tuberosity of the left humerus and rotator cuff muscles. The plan of care was for a cortisone injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection under ultrasound guidance to the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Steroid injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204-214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder.

Decision rationale: Regarding the request for Ultrasound-Guided Steroid Injection for the left Shoulder, MTUS Guidelines support the use of a subacromial injection if pain with elevation significantly limits activity following failure of conservative treatment for 2 or 3 weeks. They go on to recommend the total number of injections should be limited to 3 per episode, allowing for assessment of benefits between injections. Official Disability Guidelines recommend performing shoulder injections guided by anatomical landmarks alone. Guidelines go on support the use of corticosteroid injections for adhesive capsulitis, impingement syndrome, or rotator cuff problems which are not controlled adequately by conservative treatment after at least 3 months, when pain interferes with functional activities. Guidelines state that a 2nd injection is not recommended if the 1st has resulted in complete resolution of symptoms, or if there has been no response. Guidelines also state that with several weeks of temporary, partial resolution of symptoms, and then worsening pain and function, a repeat steroid injection may be an option. Within the documentation available for review, it does not appear the patient had several weeks of any significant analgesic efficacy or objective functional improvement from the previous shoulder injection. Additionally, guidelines do not support the use of imaging guidance for shoulder injections. As such, the currently requested repeat left shoulder injection with ultrasound is not medically necessary.