

Case Number:	CM15-0132225		
Date Assigned:	07/20/2015	Date of Injury:	06/18/2002
Decision Date:	08/21/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/08/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 54-year-old male, who sustained an industrial injury on 6/18/02. Initial complaints were of a fall that resulted in head, neck, shoulder and back injuries. The injured worker was diagnosed as having chronic shoulder pain; right shoulder impingement syndrome. Treatment to date has included status post anterior decompression/fusion C4-5, C5-6 and C6-7 (2003); status post-right shoulder arthroscopic surgery (2005); physical therapy; medications. Diagnostics studies included x-rays cervical spine (7/2/09); MRI right shoulder (10/6/14); MRI cervical spine (10/7/14). Currently, the PR-2 notes dated 4/2/15 indicated the injured worker was in the office for a periodic office visit. He rates his pain with medications as 3/5/10 and without medications as 7/5/10 with no new problems or side effects. His quality of sleep is noted as fair and activity level has remained the same. Physical examination of the right shoulder revealed positive impingement sign and tenderness on palpation. His current medications are Norco, Lipitor, Lotrel, Metoprolol, Reequip and Zetia. The provider documents the injured worker is a status post anterior cervical decompression/fusion C4-5, C5-6 and C6-7 (2003); status post right shoulder arthroscopic surgery (2005). He is consistent with medications per CURES report (9/24/14); liver and kidney function testing (12/19/14) were WNL. His MRI of his cervical spine done on 10/7/14 notes minimal left C3-4 and left C7-T1 foraminal stenosis secondary to bone spur and minimal left central C3-4 stenosis. The MRI of his right shoulder done on 10/7/14 indicated a Type II acromium with osteoarthritic changes of the AC joint and a partial tear of the supraspinatus tendon apparently with full thickness. Other medical history submitted notes the injured worker was involved in a motorcycle accident in 2010 resulting in a right below

knee amputation (non-industrial).It is also reported he has bilateral carpal tunnel surgeries and left shoulder surgery (non-industrial).The provider is requesting authorization of subacromial right shoulder injection and ultrasound guidance. The patient had received an unspecified number of the PT visits for this injury. Patient had received cervical ESI for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Subacromial right shoulder injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Acute and Chronic, Steroid Injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (updated 08/06/15) Steroid injections.

Decision rationale: Request Subacromial right shoulder injection. As per the ACOEM guidelines cited below, "Invasive techniques have limited proven value. If pain with elevation significantly limits activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy (i.e., strengthening exercises and nonsteroidal anti-inflammatory drugs) for two to three weeks. The evidence supporting such an approach is not overwhelming." In addition, per the ODG, "Steroid injections compared to physical therapy seem to have better initial but worse long-term outcomes. There is limited research to support the routine use of subacromial injections for pathologic processes involving the rotator cuff." As per cited guideline, "A second injection is not recommended if the first has resulted in complete resolution of symptoms, or if there has been no response. With several weeks of temporary, partial resolution of symptoms, and then worsening pain and function, a repeat steroid injection may be an option." Patient has received an unspecified number of PT visits for this injury Response to previous conservative therapy was not specified in the records provided. Previous conservative therapy notes were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The medical necessity of the request for Subacromial right shoulder injection is not medically necessary in this patient.

Ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Acute and Chronic, Steroid Injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (updated 08/06/15) Steroid injections.

Decision rationale: Ultrasound guidance As per the ACOEM guidelines cited below, "Invasive techniques have limited proven value. If pain with elevation significantly limits activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy (i.e., strengthening exercises and nonsteroidal anti-inflammatory drugs) for two to three weeks. The evidence supporting such an approach is not overwhelming." In addition, per the ODG, "Steroid injections compared to physical therapy seem to have better initial but worse long-term outcomes. There is limited research to support the routine use of subacromial injections for pathologic processes involving the rotator cuff." As per cited guideline, "A second injection is not recommended if the first has resulted in complete resolution of symptoms, or if there has been no response. With several weeks of temporary, partial resolution of symptoms, and then worsening pain and function, a repeat steroid injection may be an option." Patient has received an unspecified number of PT visits for this injury. Response to previous conservative therapy was not specified in the records provided. Previous conservative therapy notes were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The medical necessity of the Subacromial right shoulder injection is not fully established in this patient, therefore it is deemed that ultrasound guidance is also not medically necessary. The medical necessity of the request for Ultrasound guidance is not medically necessary in this patient.