

Case Number:	CM15-0132851		
Date Assigned:	07/21/2015	Date of Injury:	08/06/2008
Decision Date:	08/21/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/09/2015

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 45 year old female who sustained a work related injury August 6, 2008. An orthopedic progress report, dated March 18, 2015, found the injured worker with complaints of burning, throbbing pain to her left shoulder. She was diagnosed with a SLAP lesion and tenosynovitis, bicipital and prescribed physical therapy. She had received a cortisone injection in the glenohumeral joint on February 26, 2015, and reported on March 24, 2015, a 65% relief of pain for approximately two weeks. An MRI of the lumbar spine, dated April 10, 2015 (report present in the medical record) revealed degenerative disc disease at L5-S1 resulting in mild left greater than right sided neural foraminal narrowing. According to a physician's assistants progress notes, dated June 10, 2015, the injured worker presented for re-evaluation of aching, stabbing right knee pain, left shoulder pain, low back pain and depression. She rated the pain 5-6 out of 10 with medication and 9-10 out of 10 without medication. Physical examination revealed; 5'8" and 231 pounds with an antalgic gait; right knee tenderness to palpation of patellar tendon, median joint line with decreased flexion and extension. Impressions are chondromalacia of right patella, grade III; osteoarthritis of right knee, grade II medial compartment; chronic right knee sprain, partial (ACL) anterior cruciate ligament tear; chronic pain syndrome; left shoulder pain; osteoarthritis of left shoulder. At issue, is a request for authorization for a left shoulder ultrasound guided injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Ultrasound Guided Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, 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 chapter.

Decision rationale: Regarding the request for Left Shoulder Ultrasound Guided Injection, Chronic Pain Medical Treatment 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 Left Shoulder Ultrasound Guided Injection is not medically necessary.