MAXIMUS Federal Services

Case Number:	CM15-0143272		
Date Assigned:	08/07/2015	Date of Injury:	12/24/2011
Decision Date:	09/08/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/23/2015

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
Certification(s)/Specialty: Emergency 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:

This 41 year old woman sustained an industrial injury on 12-24-2011 after falling off of a ladder and landing on his face and arm. Evaluations include left shoulder MRI dated 7-2014. Diagnoses include left shoulder pain and pes anserinus tendinitis and bursitis. Treatment has included oral and topical medications, bracing, heart, electrostimulation, physical therapy, massage, shoulder injections, and surgical interventions. Physician notes dated 7-2-2015 show complaints of left shoulder pain, right knee pain, and right ankle weakness rated 7 out of 10. Recommendations include urine drug screen, ice, heat, NSAIDs, foam rolling, ultrasound guided pes anserine steroid injection, three diagnostic shoulder injections, and Tylenol #3. Utilization review approved all 3 request except that it modified injections for AC joint and knee to none-ultrasound guidance. Continuation of care was approved by UR as well. On august 2015 progress note by provider, it continues to request AC joint injection via ultrasound due to concerning about appropriate placement of needle in AC joint due to distortion of anatomy by prior surgical changes. The progress note is silent on the other requests but it does document successful knee injection without ultrasound.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasould-guided left shoulder Acromlociavicular injection: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211, 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: Steroid injections.

Decision rationale: As per ACOEM guidelines, steroid injection of the shoulder/AC joint for patient's underlying impingement syndrome is generally recommended. Official Disability Guidelines generally recommend injection via traditional landmark guided technique although evidence shows greater accuracy with ultrasound guided although there was no significant clinical difference in vast majority of cases. Provider has provided an appropriate rationale for ultrasound guidelines due to distortion of anatomy from prior surgery to justify ultrasound guidance. Ultrasound guided AC joint injection of L shoulder is medically necessary.

Ultrasound-guided right knee injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee: Corticosteroid Injection.

Decision rationale: MTUS ACOEM guidelines states that steroid injections are generally not recommended although no specific criteria was available. As per Official Disability Guideline, with patient's pathology, a trial of injection may be warranted and beneficial. Patient meets guidelines concerning recommendation for injection. However, guidelines do not recommend ultrasound guided unless there is a specific rationale for it. UR had approved procedure without ultrasound. Injection of knee under ultrasound guidance is not medically necessary.

Continuation of care times 1-follow up visit: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines 2nd Edition (2004) Chapter 7) page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: As per ACOEM guidelines, assessment and follow-up is generally recommended after procedures are done and if appropriate for long-term management. This request was approved by prior UR. Follow-up visit x1 is medically necessary.