

Case Number:	CM15-0160914		
Date Assigned:	08/27/2015	Date of Injury:	04/29/1994
Decision Date:	09/30/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/17/2015

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: 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 78 year old female who sustained an industrial injury on 04-29-1994. Mechanism of injury was not found in documents provided for review. Diagnoses include moderate acromioclavicular joint arthropathy, mild subacromial bursitis, and supraspinatus tendinitis. Treatment to date has included diagnostic studies, medications, status post laminectomy and discectomy in 1995, and status post spinal cord stimulator implant. A right shoulder ultrasound done on 07-20-2015 showed moderate acromioclavicular joint arthropathy, mild subacromial bursitis and supraspinatus tendonitis. A physician progress note dated 07-20-2015 documents the injured worker complains of bilateral neck and shoulder pain. On examination she has a positive Hawkins's test with tenderness over the right acromioclavicular joint. She has significant tenderness over the anterior acromion and anterior labrum. Impingement testing was positive. She rates her pain as 5 out of 10. Treatment requested is for 1 right acromioclavicular joint and subacromial bursa joint injection under ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 right acromioclavicular joint and subacromial bursa joint injection under ultrasound guidance: Upheld

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): Shoulder Complaints, pages 204, 207; Table 9-6, page 213.

Decision rationale: Guidelines states if pain with elevation is significantly limiting activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy (i.e., strengthening exercises and NSAIDs) for two to three weeks, but the evidence is not yet overwhelming, and the total number of injections should be limited to no more than three. Although injections into the subacromial space and acromioclavicular joint can be performed in the clinician's office, injections into the glenohumeral joint should only be performed under fluoroscopic guidance. A recent meta-analysis concluded that subacromial corticosteroid injection for rotator cuff disease and intra-articular injection for adhesive capsulitis may be beneficial although their effect may be small and not well maintained. Additionally, for post-traumatic impingement of the shoulder, subacromial injection of methylprednisolone had no beneficial impact on reducing the pain or the duration of immobility. Submitted reports have not specified limitations with activities or functional improvement from previous injection to support for this AC and subacromial shoulder injection to be under ultrasound guidance. The 1 right acromioclavicular joint and subacromial bursa joint injection under ultrasound guidance is not medically necessary and appropriate.