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| Case Number: | CM15-0163753 | | |
| Date Assigned: | 09/01/2015 | Date of Injury: | 05/06/1999 |
| Decision Date: | 10/06/2015 | UR Denial Date: | 08/10/2015 |
| Priority: | Standard | Application Received: | 08/20/2015 |

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 70 year old male with an industrial injury dated 05-19-1999. His diagnoses included right carpal tunnel syndrome, right wrist pain, flexor tendinosis, right shoulder pain, myofascial pain and cervicgia. Prior treatment included injection therapy. Comorbid conditions included hypertension, hyperlipidemia and diabetes mellitus. He presented on 07-29-2015 with complaints of pain in right shoulder blade and right upper limb. She reported the pain level as 3-6 out of 10. The provider documents the functionality of the right shoulder had decreased by 50%. Right shoulder range of motion was decreased by 50% in forward flexion and extension. The treatment request is for 1 right sub-deltoid bursa Injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 right Subdeltoid Bursa Injection: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, under Steroid Injections.

Decision rationale: The patient presents on 07/29/15 with right shoulder and right upper extremity pain rated 3-6/10. The patient's date of injury is 05/19/99. Patient is status post unspecified injection to the joint with 80% improvement in symptoms. The request is for 1 RIGHT SUBDELTOID BURSA INJECTION. The RFA is dated 07/29/15. Physical examination dated 07/29/15 reveals tenderness to palpation of the right subdeltoid bursa, 50% decreased range of motion in the right shoulder, with reduced intrinsic hand strength and positive Tinel's sign noted in the right upper extremity. The patient is currently prescribed Lisinopril, Atenolol, Nabumetone, Tamsulosin, and Metformin. Diagnostic imaging was not included. Per 07/29/15 progress note, the patient has "permanent work restrictions." ODG Guidelines, Shoulder Chapter, under Steroid Injections has the following: Recommended as indicated below, up to three injections. Steroid injections compared to physical therapy seem to have better initial but worse long-term outcomes. One trial found mean improvements in disability scores at six weeks of 2.56 for physical therapy and 3.03 for injection, and at six months 5.97 for physical therapy and 4.55 for injection. Variations in corticosteroid/anesthetic doses for injecting shoulder conditions among orthopaedic surgeons, rheumatologists, and primary-care sports medicine and physical medicine and rehabilitation physicians suggest a need for additional investigations aimed at establishing uniform injection guidelines. There is limited research to support the routine use of subacromial injections for pathologic processes involving the rotator cuff, but this treatment can be offered to patients. Intra-articular injections are effective in reducing pain and increasing function among patients with adhesive capsulitis. Imaging guidance for shoulder injections: Glucocorticoid injection for shoulder pain has traditionally been performed guided by anatomical landmarks alone, and that is still recommended. With the advent of readily available imaging tools such as ultrasound, image-guided injections have increasingly become more routine. While there is some evidence that the use of imaging improves accuracy, there is no current evidence that it improves patient-relevant outcomes. In regard to the request for a subdeltoid bursa injection under fluoroscopic guidance, such imaging guidance exceeds recommendations. Progress note dated 07/29/15 indicates that the requested procedure is to be performed under fluoroscopic guidance. However, it is unclear why the provider is requesting such guidance, as it is generally not recommended for this procedure. Were this procedure to be performed without fluoroscopy, the recommendation would be for approval, however the current request as written is excessive and cannot be medically substantiated. Therefore, the request IS NOT medically necessary.