

Case Number:	CM15-0168249		
Date Assigned:	09/14/2015	Date of Injury:	08/07/2014
Decision Date:	10/13/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/26/2015

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 32-year-old female, who sustained an industrial injury on 08-07-2014. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for chronic shoulder pain due to bilateral shoulder strain, tendinitis, acromioclavicular (AC) osteoarthritis, and impingement. Medical records (from 03-13-2015 to 07-13-2015) indicate ongoing low back pain with radiation pain into the bilateral lower extremities, and bilateral shoulder pain that is increased with use. Records also indicate no changes in activities of daily living. The injured worker's work status was not mentioned. The physical exam, dated 07-13-2015, stated that the IW complained of bilateral shoulder pain rated 7-8 of 10 in severity and reported to be same as the previous exam, constant, dull, burning, aching, weakness and stiff. Objective findings included tenderness to palpation of the AC joint and upper trapezius, restricted range of motion (right greater than left), and impingement signs. This report did not state that the injured worker consumes alcohol occasionally. Relevant treatments have included physical therapy (PT), work restrictions, and pain medications. The available medical records included a MRI of the left shoulder (01-2015) showing evidence of tendinitis in the infraspinatus and supraspinatus tendons and tenosynovitis of the biceps tendon. The request for authorization (07-13-2015) shows that the following procedures were requested: bilateral subacromial injections under ultrasound guidance. The original utilization review (07-27-2015) denied the request for bilateral subacromial injections under ultrasound guidance based on the lack of evidence showing that the use of ultrasound guidance during the injection increases the efficacy of the injection to justify the added cost.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral subacromial injection under ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder chapter - Steroid injections.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): General Approach, Initial Assessment, Medical History, Physical Examination, Diagnostic Criteria, Work-Relatedness, Initial Care, Activity Modification, Work Activities, Follow-up Visits, Special Studies, Surgical Considerations, Summary, References.

Decision rationale: There is no specific failed conservative treatment noted to meet criteria of corticosteroid injection nor has there been clear documented functional improvement by way of ADLs or decrease in medication dosing or medical utilization to support current request. 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, functional improvement from previous injection, progressive changed clinical deficits, failed conservative treatment, acute flare-up, red-flag conditions, or new injury to support for these shoulder injections. The Bilateral subacromial injection under ultrasound guidance is not medically necessary and appropriate.