

Case Number:	CM15-0180144		
Date Assigned:	09/22/2015	Date of Injury:	04/15/2014
Decision Date:	11/02/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/14/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 injured worker is a 47 year old female who reported an industrial injury on 4-15-2014. Her diagnoses, and or impressions, were noted to include: left shoulder adhesive capsulitis with partial bursal sided supraspinatus tear "LHB" - rotator cuff. Recent magnetic resonance arthrogram studies of the left shoulder were done on 8-18-2015, noting abnormal findings. Her treatments were noted to include: diagnostic studies and rest from work. The progress notes of 8-18-2015 reported: continued pain in the left shoulder which interrupted her sleep, and that she had not received physical therapy or magnetic resonance imaging studies (the machine was broken on the date of her visit); and that she was not taking any medications. The objective findings were noted to include: degrees of left shoulder range-of-motion; tenderness of the antero-superior cuff along head biceps; review of the magnetic resonance arthrogram noting significant partial bursal-sided supraspinatus tear 50% and very thick capsular tissue surrounding the glenohumeral joint; and over-use, due to compensation, of the left shoulder. The physician's request for treatments was noted to include: authorization for injection; and an ultrasound guided left shoulder (HG and SA) injections at next visit if still having pain. The Request for Authorization for ultrasound guided injections into the left shoulder was not noted in the medical records provided. The Utilization Review of 9-4-2015 non-certified the request for ultrasound guided injections into the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided (GH and SA) injections for left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): General Approach.

Decision rationale: Per the ACOEM guidelines with regard to shoulder injection: Invasive techniques have limited proven value. If pain with elevation significantly limits activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy (i.e., strengthening exercises and non-steroidal anti-inflammatory drugs) for two to three weeks. The evidence supporting such an approach is not overwhelming. The total number of injections should be limited to three per episode, allowing for assessment of benefit between injections. The documentation submitted for review does not contain evidence that the injured worker has failed conservative therapy with NSAIDs and muscle relaxants for this episode of shoulder pain. The use of conservative care should be attempted and failed before invasive procedures are advised. The request is not medically necessary.