

Case Number:	CM15-0195112		
Date Assigned:	10/08/2015	Date of Injury:	08/27/2012
Decision Date:	11/23/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/05/2015

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 34 year old female injured worker suffered an industrial injury on 8-27-2012. The diagnoses included right shoulder internal derangement right shoulder arthroscopy 5-2013 with residual pain. On 8-13-2015 the provider reported severe right shoulder pain which radiated upward to the neck and into the right arm with notable weakness, numbness and tingling which radiated to the right hand along with limited range of motion. On exam the shoulders were symmetrical with tenderness over the anterior aspect. The provider noted the pain radiating pain to the right upper extremity and was consistent with radiculitis. The provider reported it was his opinion she was a candidate for therapeutic injections to the shoulder to provide her with diminished pain and increased function. On 8-19-2015 the treating provider reported the right shoulder pain was 8 out of 10 and up to 10 out of 10 the prior week. She tried physical therapy 24 sessions in 2013 and acupuncture 24 sessions. Prior treatment included Motrin. Diagnostics included 6-23-2015 right shoulder arthrography. Request for Authorization date was 9-22-2015 revealing mild supraspinatus and infraspinatus tendinosis. The Utilization Review on 9-28-2015 determined non-certification for Right shoulder intra-articular injection under fluoroscopy guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder intra-articular injection under fluoroscopy guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Procedure Summary updated 9/8/2015 Criteria for steroid injections.

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

Decision rationale: The patient presents with pain in the right shoulder radiating upward to the neck, and down to the right arm and hand. The request is for right shoulder intra-articular injection under fluoroscopy guidance. Patient is status post right shoulder surgery, 05/2013. Physical examination to the right shoulder on 08/13/15 revealed crepitation on range of motion. Patient's treatments have included image studies, physical therapy, chiropractic care, acupuncture, and home exercise program. Per 09/22/15 progress report, patient's diagnosis include s/p R shoulder surgery with residual pain, L.S. severe MPS, R ulnar neuritis, R wrist s/s and R hand numbness, c/s s/s with disc bulge at C5-6 2-4mm C spinal canal stenosis. Patient's work status is modified duties. ODG Guidelines, Shoulder (Acute & Chronic) Chapter, under Steroid Injections states: "Recommended as indicated below, up to three injections. Steroid injections compared to physical therapy seem to have better initial but worse long-term outcomes. Intra-articular injections are effective in reducing pain and increasing function among patients with adhesive capsulitis. Criteria for Steroid injections: Diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems, except for post-traumatic impingement of the shoulder; Not controlled adequately by recommended conservative treatments (physical therapy and exercise, NSAIDs or acetaminophen), after at least 3 months; Pain interferes with functional activities (eg, pain with elevation is significantly limiting work); Intended for short-term control of symptoms to resume conservative medical management; Generally performed without fluoroscopic or ultrasound guidance; Only one injection should be scheduled to start, rather than a series of three; A second injection is not recommended if the first has resulted in complete resolution of symptoms, or if there has been no response; With several weeks of temporary, partial resolution of symptoms, and then worsening pain and function, a repeat steroid injection may be an option; The number of injections should be limited to three." In progress report dated 08/13/15, treater states "The patient is experiencing moderate to severe level of pain with attempts to perform most of her activities of daily living. It is my opinion the patient is a candidate for therapeutic injections into her shoulder to provide her with diminished pain and increased function at her shoulder joint." MRI findings of the right shoulder from 06/23/15 showed mild supraspinatus and infraspinatus tendinitis, supraspinatus tendon low grade 30% articular-sided attenuation of anterior fibers adjacent to the footprint, stable and possibly reflecting prior debridement, no high grade rotator cuff tendon tear, prior acromioplasty. Treatment to date has included acupuncture, physical therapy and medications. Provided medical records do not indicate the patient had prior injection to the shoulder. In this case, the patient is status post right shoulder surgery and continues with pain not controlled adequately by prior conservative treatments. There no longer is a clear evidence of adhesive capsulitis, impingement syndrome, or rotator cuff problems for which the requested shoulder injection would be indicated per ODG. ODG further states that steroid shoulder injections are "generally performed without fluoroscopic or ultrasound guidance." This request is not in accordance with guidelines. Therefore, the request is not medically necessary.