

Case Number:	CM15-0198782		
Date Assigned:	10/14/2015	Date of Injury:	08/17/1994
Decision Date:	11/23/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/09/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 48 year old male, who sustained an industrial injury on 8-17-94. The injured worker is being treated for shoulder impingement syndrome and shoulder pain. Treatment to date has included 2 rounds of physical therapy, epidural steroid injection (improved pain 50% for over 2 months), oral medications including Tylenol #3, Omeprazole and Naproxen; aqua therapy, home exercise program and activity modifications. On 8-12-15, the injured worker complains of aching, stabbing and burning pain in neck, shoulders, low back and feet with numbness in upper and lower extremities; he rates the pain 10 out of 10 without Tylenol #3 and 7-8 out of 10 with Tylenol #3 and on 8-28-15 he reported pain in anterior aspect of shoulder and wraps around to posterior. He notes his pain is worse than previous visit. Work status is noted to be permanent and stationary. Physical exam performed on 8-12-15 revealed tenderness over the cervical paraspinals, tenderness over the facet joints, slightly reduced cervical spine range of motion, tenderness to palpation over heels on plantar surface with crepitus over bilateral ankles and decreased range of motion of left shoulder with diffuse tenderness to palpation over the supraspinatus with crepitus and on 8-28-15 exam revealed tenderness posterior, lateral and slightly over acromioclavicular joint with slightly restricted range of motion of left shoulder. On 8-28-15 request for authorization was submitted for ultrasound guided cortisone cocktail injection of left shoulder. On 9-11-15 request for ultrasound guided cortisone cocktail injection of left shoulder was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided cortisone injection left shoulder: Upheld

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

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

Decision rationale: The ACOEM chapter on shoulder complaints states: 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. There is no evidence in the medical records that pain with elevation is significantly limiting activities. There is also no physical exam findings of unusual anatomy that would require ultrasound or fluoroscopic guidance for this routine injection. Therefore, the request is not medically necessary.