

Case Number:	CM15-0199114		
Date Assigned:	10/14/2015	Date of Injury:	10/17/2012
Decision Date:	12/01/2015	UR Denial Date:	09/09/2015
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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 31 year old male, who sustained an industrial injury on 10-17-12. The injured worker was diagnosed as having right and left shoulder sprain-strain with bursitis tendinitis, impingement syndrome; cervical sprain-strain herniated disc with radiculitis. Treatment to date has included physical therapy; cervical epidural steroid injection (11-17-14; 3-3-15) medications. Currently, the PR-2 notes dated 8-21-15 indicated the injured worker is a status post epidural steroid injection x3 for the cervical spine on 3-3-15. The injured worker reported more than 60 percent relief and a "pain level is at 3-4 out of 10." The injured worker reports the relief has lasted more than one month and now the pain has returned and is getting progressively worse. He complains of constant sharp pain in the neck and radicular symptoms into the right and left arms with numbness, tingling and weakness. The pain is reportedly greater in the left shoulder with constant, sharp and stabbing, and is worse with pulling, pushing, lifting, and working at or above shoulder level. Pain is worse at night and unable to sleep secondary to pain. On physical examination, the provider documents; Cervical range of motion with forward flexion 50 degrees, extension 50 degrees, rotation right 65 degrees, left 65 degrees, lateral bending right and left 30 degrees. Foraminal compression test is positive, Spurling's test is positive. There is tightness and spasm in the trapezius, sternocleidomastoid and straps muscle right and left. Reflexes biceps right and left 2 plus, triceps right and left 2 plus, with evidence of hypoesthesias at right greater than left arms. Positive Spurling's maneuvers bilaterally, and positive foraminal compression test. Right and left shoulder range of motion is same for both sides: Flexion 160 degrees, Extension 35 degrees, Abduction 150 degrees, Adduction 35 degrees, internal rotation 65 degrees, external rotation 70 degrees, impingement test is positive on the

right. There is tenderness over the greater tuberosity of the right humerus. There is subacromial grinding and clicking of the right humerus. There is tenderness over the rotator cuff muscles on the right. He has the same findings for the left. The provider notes the injured worker continues using local creams for topical pain relief and medications as needed. The treatment plan is requesting additional cortisone shoulder injections and physical therapy to focus on strength training, increasing range of motion and decreasing pain. A Request for Authorization is dated 10-9-15. A Utilization Review letter is dated 9-11-15 and MODIFIED THE CERTIFICATION for Ultrasound guided cortisone injection right and left shoulders to AUTHORIZE THE CORTISONE INJECTIONS WITHOUT THE ULTRASOUND GUIDANCE and Physical therapy 2-3 times/week x 6 weeks right and left shoulders and authorized 2 PHYSICAL THERAPY VISITS ONLY. A request for authorization has been received for Ultrasound guided cortisone injection right and left shoulders and Physical therapy 2-3 times/week x 6 weeks for the right and left shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided cortisone injection right and left shoulders: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM California Guideline Plus Web-based version.

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), Steroid injections.

Decision rationale: The injured worker sustained a work related injury on 10-17-12. The injured worker was diagnosed as having right and left shoulder sprain-strain with bursitis tendinitis, impingement syndrome; cervical sprain-strain herniated disc with radiculitis. Treatment to date has included physical therapy; cervical epidural steroid injection (11-17-14; 3-3-15) medications. The medical records provided for review do not indicate a medical necessity for Ultrasound guided cortisone injection right and left shoulders. The MTUS states "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." However, the Official Disability Guidelines does not recommend the use of fluoroscopic or ultrasound guidance for steroid injections of the shoulder. The request is not medically necessary.

Physical therapy 2-3 times a week x 6 weeks for the right and left shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The injured worker sustained a work related injury on 10-17-12. The injured worker was diagnosed as having right and left shoulder sprain-strain with bursitis tendinitis, impingement syndrome; cervical sprain-strain herniated disc with radiculitis. Treatment to date has included physical therapy; cervical epidural steroid injection (11-17-14; 3-3-15) medications. The medical records provided for review do not indicate a medical necessity for Physical therapy 2-3 times a week x 6 weeks for the right and left shoulders. The MTUS recommends a fading treatment of 8-10 visits over 4-8 weeks followed by home exercise program. The request is not medically necessary.