

Case Number:	CM15-0209650		
Date Assigned:	10/28/2015	Date of Injury:	02/27/2012
Decision Date:	12/16/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	10/26/2015

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, 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:

The injured worker is a 52 year old male, who sustained an industrial injury on February 27, 2012. The injured worker was diagnosed as having status post left superior labrum anterior and posterior lesion repair, progressive right shoulder pain with probable right supraspinatus partial tear with questionable articular surface versus bursal with concomitant long head of the bicep tenderness with bicipital tendinitis from repetitive use. Treatment and diagnostic studies to date has included medication regimen. In a progress note dated September 29, 2015 the treating physician reports occasional pain to the right shoulder. Examination performed on September 29, 2015 was revealing for tenderness to the right shoulder, pain with cross adduction, pain to the acromioclavicular joint with palpation to the right shoulder, pain with range of motion to the right shoulder, positive impingement to the right shoulder, and positive Speed's testing to the right shoulder. The progress note on September 29, 2015 did not indicate the injured worker's numeric pain level as rated on visual analog scale. On September 29, 2015, the treating physician requested an ultrasound guided intra-articular injection on right shoulder with the treating physician noting an ultrasound guided steroid intra-articular injection versus subacromial deltoid bursa depending on the results of the diagnostic ultrasound. On October 20, 2015, the Utilization Review determined the request for ultrasound guided intra-articular injection on right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided intraarticular injection on right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute and Chronic) Chapter.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): General Approach. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Steroid Injections.

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. I respectfully disagree with the UR physician, as this is an intra-articular injection, imaging guidance is required. The request is medically necessary.