

Case Number:	CM15-0020414		
Date Assigned:	02/10/2015	Date of Injury:	05/20/2013
Decision Date:	04/13/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/03/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 54 year old male, who sustained an industrial injury on 5/20/13. He has reported pain in the knees and shoulder related to a fall. The diagnoses have included rotator cuff impingement, partial biceps tear and acromioclavicular joint arthritis. Treatment to date has included MRI of the shoulder, left shoulder arthroscopy, physical therapy and oral medications. As of the PR2 dated 7/2/14, the injured worker reports reported popping and "zinging" pain in the left shoulder. The treating physician performed an injection of the left subacromial bursa with Kenalog, Lidocaine and Marcaine. The treating physician requested a Cortisone injection with ultrasound guidance to the left shoulder. On 1/9/15 Utilization Review non-certified a request for an ultrasound guidance to the left shoulder and certified a Cortisone injection. The utilization review physician cited the MTUS and ACOEM guidelines for subacromial injections. On 2/3/15, the injured worker submitted an application for IMR for review of a Cortisone injection with ultrasound guidance to the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection with ultrasound guidance to the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 204.

Decision rationale: This 54 year old male has complained of left shoulder pain since date of injury 5/20/13. He has been treated with left shoulder arthroscopy, steroid injection, physical therapy and medications. The current request is for cortisone injection with ultrasound guidance to the left shoulder. Per the MTUS guideline cited above, invasive techniques such as corticosteroid injection have little proven benefit in the treatment of chronic shoulder complaints and are not recommended. On the basis of the MTUS guideline, cortisone injection with ultrasound guidance to the left shoulder is not indicated as medically necessary.