

Case Number:	CM15-0214848		
Date Assigned:	11/04/2015	Date of Injury:	04/11/2013
Decision Date:	12/21/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/30/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 was a 56 year old male, who sustained an industrial injury, April 11, 2013. The injured worker was undergoing treatment for right shoulder impingement, bursitis syndrome, high grade partial rotator cuff tear, AC joint arthrosis, status post arthroscopic debridement, and SAD and Mumford procedure. According to progress note of September 30, 2015, the injured worker's chief complaint was left elbow and left shoulder. The right shoulder pain from over compensation and an MRI was obtained. The injured worker failed conservative treatment of the right shoulder. There was no pain in the right shoulder, with improved range of motion. The injured worker had mild pain doing housework, driving and sleeping through the night on the left but severe on the right. The physical exam noted there was moderate tenderness with palpation anterior right shoulder. The rotator cuff strength was 5 out of 5. There were positive impingement signs. The injured worker previously received the following treatments 24 sessions of physical therapy with only temporary relief, left elbow x-rays, left shoulder MRI, left shoulder surgery on December 18, 2013, with 95% improvement; right shoulder MRI, right shoulder arthroscopic surgery, debridement and Mumford procedure. The RFA (request for authorization) dated September 30, 2015; the following treatments were requested an ultrasound guided corticosteroid injection in the right shoulder. The UR (utilization review board) denied certification on October 16, 2015; for an ultrasound guided corticosteroid injection in the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound for needle guidance of the corticosteroid injection of the right 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 (ODG), Shoulder - Steroid injections.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): General Approach, Initial Assessment, Medical History, Physical Examination, Diagnostic Criteria, Initial Care, Special Studies, Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder.

Decision rationale: Regarding the request for Ultrasound for needle guidance of the corticosteroid injection of the right shoulder, Chronic Pain Medical Treatment Guidelines support the use of a subacromial injection if pain with elevation significantly limits activity following failure of conservative treatment for 2 or 3 weeks. They go on to recommend the total number of injections should be limited to 3 per episode, allowing for assessment of benefits between injections. Official Disability Guidelines recommend performing shoulder injections guided by anatomical landmarks alone. Guidelines go on support the use of corticosteroid injections for adhesive capsulitis, impingement syndrome, or rotator cuff problems which are not controlled adequately by conservative treatment after at least 3 months, when pain interferes with functional activities. Guidelines state that a 2nd injection is not recommended if the 1st has resulted in complete resolution of symptoms, or if there has been no response. Within the documentation available for review, there is no indication of pain with elevation that significantly limits activity following failure of conservative treatment for 2 or 3 weeks. Additionally, guidelines do not support the use of imaging guidance for shoulder injections. As such, the currently requested Ultrasound for needle guidance of the corticosteroid injection of the right shoulder is not medically necessary.