

Case Number:	CM15-0219641		
Date Assigned:	11/12/2015	Date of Injury:	06/18/2008
Decision Date:	12/23/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/09/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

This is a 56 year old female with a date of injury of June 18, 2008. A review of the medical records indicates that the injured worker is undergoing treatment for right shoulder sprain and strain secondary to overcompensation. Medical records dated September 1, 2015 indicate that the injured worker complained of neck pain radiating to the right shoulder and arm. Per the treating physician (October 20, 2015), the employee had work restrictions that included no forceful pushing or pulling, no over the shoulder work, and day shift work due to insomnia. The physical exam dated September 1, 2015 reveals decreased range of motion of the right shoulder, positive impingement sign of the right shoulder, decreased muscle strength of the right upper extremity, and decreased sensation in the right C5, C6, and C7 dermatomes. The progress note dated October 20, 2015 documented a physical examination that showed tenderness to palpation of the right shoulder acromioclavicular joint, positive impingement sign, and decreased range of motion of the right shoulder. Treatment has included physical therapy. Magnetic resonance imaging of the right shoulder (August 6, 2015) showed mild supraspinatus and subscapularis tendinosis, anterior labral degenerative changes, and mild acromioclavicular joint osteoarthritis. The utilization review (October 29, 2015) non-certified a request for a right shoulder subacromial injection under ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder SA Injection under US guidance: Overturned

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: 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 claimant sustained a work injury in June 2008 when, while working for the [REDACTED], she was participating in physical training and injured her left knee and ankle. She continues to be treated for radiating neck pain, left knee pain, and right shoulder pain. An MRI of the right shoulder in August 2015 included findings of mild rotator cuff tendinosis with labral degenerative changes. There was mild acromioclavicular joint osteoarthritis. Treatments have included a right subacromial injection done in June 2014 reported as providing one month of pain relief. When seen she had left knee pain and stiffness. She was having moderate left shoulder pain rated at 7/10. Physical examination findings included supraspinatus and acromioclavicular joint tenderness. There was decreased and painful shoulder range of motion. Impingement and cross arm testing was positive. Authorization is being requested for a subacromial injection with use of ultrasound. The claimant's body mass index is over 34. A steroid injection is recommended as an option which shoulder pain is not controlled adequately by recommended conservative treatments including physical therapy, exercise, and medications after at least three months. Criteria include a diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems. With several weeks of temporary, partial resolution of symptoms, and then worsening pain and function, a repeat steroid injection may be an option. In this case, the claimant has findings by imaging and physical examination that support a diagnosis of rotator cuff impingement. A previous injection is reported as providing pain relief. Although shoulder injections are generally performed without fluoroscopic or ultrasound guidance, there is some evidence that the use of imaging improves accuracy and in this case the claimant is obese. A misplaced injection would not be expected to provide accurate diagnostic information. On the other hand, if there was a positive response to an injection that was misplaced, further treatments might be considered that would be inappropriate, such as surgery. For these reasons, the requested repeat injection with ultrasound guidance is medically necessary.