

Case Number:	CM15-0221899		
Date Assigned:	11/17/2015	Date of Injury:	08/26/2015
Decision Date:	12/31/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	11/11/2015

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

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 46 year old male with a date of injury of August 26, 2015. A review of the medical records indicates that the injured worker is undergoing treatment for right shoulder contusion, and right shoulder rotator cuff tendinitis and impingement syndrome with acromioclavicular joint arthrosis. Medical records dated September 11, 2015 indicate that the injured worker complained of right shoulder pain. A progress note dated October 7, 2015 documented complaints of moderate to severe pain in the right shoulder. Per the treating physician (October 7, 2015), the employee had work restrictions that included no over the shoulder use with the right upper extremity. The physical exam dated September 11, 2015 reveals tenderness over the right parascapular region, positive Neer's and Hawkin's tests, decreased motor strength of the right shoulder, and full range of motion of the right shoulder. The progress note dated October 7, 2015 documented a physical examination that showed no changes since the examination performed on September 11, 2015. Treatment has included medications (Diclofenac, and Omeprazole). Magnetic resonance imaging arthrogram of the right shoulder showed mild supraspinatus, infraspinatus, and subscapularis tendinitis, biceps tenosynovitis, and acromioclavicular joint arthrosis. The utilization review (October 16, 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 subacromial injection under ultrasound guidance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder, Steroid Injection.

Decision rationale: The patient presents with pain affecting the right shoulder. The current request is for Right shoulder subacromial injection under ultrasound guidance. The treating physician report dated 10/7/15 (81B) provides no rationale for the current request. The report does go on to diagnose that patient with "Right shoulder rotator cuff tendinitis/impingement syndrome with AC joint arthrosis." The ACOEM guidelines page 213 recommend cortisone injections for the treatment of rotator cuff inflammation, impingement syndrome or small tears. The ODG guidelines states there must be a "Diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems, except for post-traumatic impingement of the shoulder; Not controlled adequately by recommended conservative treatments (physical therapy and exercise, NSAIDs or acetaminophen), after at least 3 months; Pain interferes with functional activities (eg, pain with elevation is significantly limiting work)." In this case, while there is a diagnosis of right shoulder rotator cuff tendinitis/impingement syndrome, there is no documentation of failed physical therapy or evidence that the pain is interfering with functional activities. Furthermore, the ODG guidelines do not support ultrasound guidance when performing shoulder injections. The current request is not medically necessary.