

Case Number:	CM15-0035334		
Date Assigned:	03/03/2015	Date of Injury:	07/11/2011
Decision Date:	04/20/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/25/2015

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
 Certification(s)/Specialty: Emergency 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 is a 60-year-old male, with a reported date of injury of 07/11/2011. The diagnoses include bilateral shoulder impingement and bilateral shoulder pain. Treatments included oral medication and 6-8 sessions of physical therapy. The Comprehensive Orthopedic Evaluation dated 01/23/2015 indicates that the injured worker complained of bilateral shoulder pain. He rated the pain 4 out of 10. The pain was most significant over the right shoulder. The physical examination showed decreased bilateral flexion to about 30 degrees, restricted bilateral abduction at 45 degrees, a positive bilateral Neer's sign, positive bilateral Hawkins-Kennedy sign, and mild tenderness to palpation over the left acromioclavicular joint space as well as the left bicipital groove. The treating physician requested an ultrasound-guided corticosteroid injection to the right shoulder as an outpatient. It was noted that the injured worker had limited to no improvement of his overall pain levels with physical therapy and continued to have significant pain levels in the bilateral shoulders. On 02/13/2015, Utilization Review (UR) denied the request for an ultrasound-guided corticosteroid injection to the right shoulder as an outpatient, noting that there was a lack of acute pathology to support the request. The ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

One ultrasound guided corticosteroid injection to the right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204 and 213.

Decision rationale: The requested: One ultrasound guided corticosteroid injection to the right shoulder, is medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 9, Shoulder Complaints, Steroid injections, Page 204 and 213, note Conservative care, including cortisone injections, can be carried out for at least three to six months before considering shoulder (rotator cuff tear) surgery And recommend this treatment for impingement syndrome if pain has not been adequately controlled by recommended conservative treatments (physical therapy and exercise, NSAIDs or acetaminophen) after at least 3 months. The injured worker has right shoulder pain. The treating physician has documented decreased bilateral flexion to about 30 degrees, restricted bilateral abduction at 45 degrees, a positive bilateral Neer's sign, positive bilateral Hawkins-Kennedy sign, and mild tenderness to palpation over the left acromioclavicular joint space as well as the left bicipital groove. On 02/13/2015, Utilization Review (UR) denied the request for an ultrasound-guided corticosteroid injection to the right shoulder as an outpatient, noting that there was a lack of acute pathology to support the request. The treating physician has documented positive exam findings indicative of impingement syndrome, as well as sufficient conservative treatment trials including physical therapy and NSAID's. The criteria noted above having been met, one ultrasound guided corticosteroid injection to the right shoulder is medically necessary.