

Case Number:	CM15-0053567		
Date Assigned:	03/27/2015	Date of Injury:	02/11/2005
Decision Date:	05/11/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/20/2015

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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 female, who sustained an industrial injury on 2/11/05. The injured worker was diagnosed as having status post left shoulder arthroscopy with rotator cuff repair, extensive debridement biceps and labrum, subacromial decompression and glenohumeral synovectomy. Treatment to date has included left shoulder arthroscopy with rotator cuff repair, extensive debridement biceps and labrum, subacromial decompression and glenohumeral synovectomy on 11/7/14, physical therapy, oral medications and home exercise program. Currently, the injured worker complains of ongoing pain in left shoulder. Physical exam noted well healed surgical incision, mild fullness of the shoulder and slightly limited range of motion of left shoulder. The treatment plan for visit of 11/12/14 included passive motion exercises, activity restrictions, hot/cold modalities and a return visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

In-House Ultrasound Guided Steroid Injection, 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: Shoulder - Steroid Injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder; steroid injections.

Decision rationale: MTUS is silent on shoulder steroid injections, but ODG states the following: "Criteria for Steroid injections: 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). Intended for short-term control of symptoms to resume conservative medical management. Generally performed without fluoroscopic or ultrasound guidance. Only one injection should be scheduled to start, rather than a series of three. A second injection is not recommended if the first has resulted in complete resolution of symptoms, or if there has been no response. With several weeks of temporary, partial resolution of symptoms, and then worsening pain and function, a repeat steroid injection may be an option. The number of injections should be limited to three."The medical documentation fails to meet the above criteria, such as failure of conservative therapy and detailed functional loss; additionally, there is a request for ultrasound guided without any further justification. Therefore, the request is not medically necessary.