

Case Number:	CM15-0074357		
Date Assigned:	04/24/2015	Date of Injury:	05/01/2012
Decision Date:	10/19/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/20/2015

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: California, North Carolina
 Certification(s)/Specialty: Family Practice

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 52-year-old female, with a reported date of injury of 05-01-2012. The diagnoses include right rotator cuff sprain and history of right shoulder arthroscopy with subacromial decompression, extensive debridement, extensive synovectomy, partial resection of distal end of the clavicle (Mumford procedure), repair of anterior glenoid labrum, Bankart procedure utilizing Opus speed lock. Treatments and evaluation to date have included cortisone injection in the right shoulder and a right shoulder arthroscopy. The diagnostic studies to date have included an MRI of the right shoulder on 11-27-2013 which showed chronic impingement, insertional tendinosis of the supraspinatus, partial probable chronic tear of the superior glenoid labrum, and suspicious chronic-appearing tear of the anteroinferior glenoid labrum. The progress report dated 03-09-2015 indicates that the injured worker that the injured worker's chief complaint was "left shoulder pain." She returned for re-evaluation of ongoing discomfort in her left shoulder and she had not change since the last appointment. The injured worker rated her pain 8 out of 10 at rest and 7 out of 10 with activity. It was noted that the injured worker underwent an MRI of the left shoulder on 03-05-2015 which showed insertional tendinosis of the rotator cuff with a 5mm interstitial tear and lateral down sloping of the acromion. The physical examination of the bilateral shoulders showed tenderness to palpation of the greater tuberosity bilaterally, full passive motion bilaterally, mild pain with Hawkins maneuver bilaterally, and stable shoulders on examination. The injured worker underwent an ultrasound-guided cortisone injection of Kenalog, Marcaine and Lidocaine in her right shoulder on 12-31-2013. She noted have good relief for approximately one day and then her symptoms returned

with the same intensity according to the treating physician. The injured worker was able to return to modified work. The request for authorization was dated 04-03-2015. The treating physician requested one ultrasound-guided cortisone injection of Dexamethasone 2ml and Marcaine 2ml for the right shoulder. On 04-14-2015, Utilization Review non-certified the request for one ultrasound-guided cortisone injection of Dexamethasone 2ml and Marcaine 2ml for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Ultrasound guided cortisone injection for the right shoulder Dexamethasone 2CC and Marcaine 2CC): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: CA MTUS does not specifically address ultrasound guided cortisone shoulder injections. ODG states that these injections are recommended for adhesive casulitis, impingement syndrome, or rotator cuff problems, except for post-traumatic impingement of the shoulder. This patient does not have the above conditions diagnosed. Also, shoulder injections are only recommended if conservative measures, such as physical therapy, exercise and medications have failed. In addition, symptoms must have lasted at least 3 months. In this case, the records submitted do not indicate that the patient has tried and failed conservative measure. For example, the patient is no currently taking any medication. Shoulder injections are generally performed without fluoroscopic or ultrasound guidance, therefore the request for ultrasound guidance is not medically necessary. Finally, the patient had a previous shoulder injection on 12/31/2015 which resulted in good symptomatic relief for only one day. Therefore a repeat injection is unlikely to have different results. Based on the above, this request is not medically necessary or appropriate.