

Case Number:	CM15-0078168		
Date Assigned:	04/29/2015	Date of Injury:	03/22/2012
Decision Date:	10/16/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/23/2015

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: 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:

This 41-year-old male sustained an industrial injury on 3-22-12. Documentation indicated that the injured worker was undergoing treatment plan included right carpal tunnel syndrome, right shoulder impingement with rotator cuff tendinosis and cervical spine sprain and strain with mild degenerative joint disease. Previous treatment included right shoulder subacromial decompression (6-23-14), right carpal tunnel release (8-27-14), physical therapy, injections and medications. In a PR-2 dated 2-27-15, the injured worker complained of ongoing right shoulder pain associated with difficulty lying on the shoulder at night and obtaining restful sleep. Physical exam was remarkable for modest tenderness about the lateral aspect of the shoulder with some crepitus upon active shoulder, no suggestion of shoulder instability and limited shoulder abduction. The physician noted that the injured worker had modest residual right shoulder tendinitis with symptoms that interfered with activities of daily living. Medications had been helpful in allowing more motion in the shoulder. The treatment plan included continuing home exercise and continuing medications (Celebrex and Protonix). The injured worker received an injection to the right shoulder under ultrasound guidance during the office visit. On 4-13-15, Utilization Review noncertified a request for retrospective Ultrasound Guided Needle Placement for the Right Shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review for Ultrasound Guided Needle Placement for the Right 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 (ODG), Shoulder (Acute & Chronic), 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 Chapter/ Steroid injections.

Decision rationale: According to ODG's criteria for shoulder injections, "Generally performed without fluoroscopic or ultrasound guidance". Per ODG, "glucocorticoid injection for shoulder pain has traditionally been performed guided by anatomical landmarks alone, and that is still recommended. With the advent of readily available imaging tools such as ultrasound, image-guided injections have increasingly become more routine. While there is some evidence that the use of imaging improves accuracy, there is no current evidence that it improves patient-relevant outcomes. The Cochrane systematic review on this was unable to establish any advantage in terms of pain, function, and shoulder range of motion or safety, of ultrasound-guided glucocorticoid injection for shoulder disorders over either landmark-guided or intramuscular injection. They concluded that, although ultrasound guidance may improve the accuracy of injection to the putative site of pathology in the shoulder, it is not clear that this improves its efficacy to justify the significant added cost." As noted, imaging guidance for shoulder injections is not supported. The request for Retrospective review for Ultrasound Guided Needle Placement for the Right Shoulder is therefore not medically necessary and appropriate.