

Case Number:	CM15-0080738		
Date Assigned:	05/01/2015	Date of Injury:	03/01/2012
Decision Date:	06/01/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/27/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 41 year old male who sustained an industrial injury on 03/01/2012. Current diagnosis includes impingement syndrome. Previous treatments included medication management. Previous diagnostic studies include x-rays and MRI's. Report dated 04/02/2015 noted that the injured worker presented with complaints that included right shoulder pain. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included right shoulder injection and return in 4 weeks. Disputed treatments include ultrasound guided steroid injection to the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided steroid injection to 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder- Steroid injections.

Decision rationale: Ultrasound guided steroid injection to right shoulder is not medically necessary per the ODG. The MTUS ACOEM Guidelines state that a subacromial steroid injection is an option for impingement syndrome. The ODG states that the criteria for steroid injections includes a diagnoses of impingement syndrome which this patient has. The criteria include that the pain is not controlled adequately by recommended conservative treatments (physical therapy and exercise, NSAIDs or acetaminophen), after at least 3 months and that the pain interferes with functional activities (eg, pain with elevation is significantly limiting work). The ODG states that these injections are generally performed without fluoroscopic or ultrasound guidance. The documentation is not clear on why ultrasound guidance is required for this injection as the ODG states that this is not typically necessary. Furthermore, the request does not specify the location of the injection. For these reasons the request for a steroid injection to the right shoulder is not medically necessary.