

Case Number:	CM15-0089922		
Date Assigned:	05/14/2015	Date of Injury:	03/04/2015
Decision Date:	08/13/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/11/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 46 year old female who has reported multiple injuries after an altercation on 03/04/2015. The diagnoses have included lumbar strain, right shoulder strain with possible rotator cuff injury, calcific shoulder tendonitis, left knee contusion with chondromalacia patella, and fracture of the right ninth and tenth ribs. Treatment has included medications, prolonged opioid prescribing, physical therapy, and ongoing prescribing of "temporarily totally disabled" work status. Per the initial orthopedic evaluation on 03/26/2015, there was ongoing right shoulder pain, limited range of motion, back pain, and knee pain. The treatment plan included an ultrasound guided cortisone injection of the right shoulder, physical therapy, Vicodin, and "temporarily totally disabled" work status. On 5/14/15 Utilization Review certified a shoulder injection but without ultrasound guidance, noting the Official Disability Guidelines recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided cortisone injection of the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder injection.

Decision rationale: Per Page 204 of the ACOEM Guidelines, where there is pain with elevation that significantly limits activities, subacromial injection with anesthetic and corticosteroid may be indicated after conservative therapy with exercises and NSAID's for 2-3 weeks. This injured worker continues to have functional limitations, limited range of motion, and shoulder pain after conservative care. A steroid injection is a treatment option per the MTUS. The MTUS does not provide direction for using ultrasound guidance for the injection. The Official Disability Guidelines state: "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, 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." Based on this Official Disability Guidelines recommendation the ultrasound guidance is not medically necessary, as was also discussed in the Utilization Review. Since the request was for an injection with the ultrasound, the request as appealed to Independent Medical Review is not medically necessary.