

Case Number:	CM14-0114283		
Date Assigned:	09/16/2014	Date of Injury:	09/29/2013
Decision Date:	11/19/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/21/2014

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. The expert reviewer is Board Certified in Orthopaedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 40-year-old male food service worker sustained an industrial injury on 9/29/13. Injury occurred while he was pulling and lifting a trash container, weighing 150-250 pounds, with a co-worker. He reported an immediate onset of right shoulder pain. The 10/30/13 right shoulder MRI impression documented moderate strain of the supraspinatus tendon with minimal interstitial delamination partial tearing, SLAP lesion, and findings consistent with capsular sprain. The 5/5/14 treating physician report cited frequent moderate right shoulder pain. Pain was reported 4/10 with medications, and 7/10 without medications. Right shoulder exam documented anterior capsular and trapezius tenderness, positive impingement signs, and subacromial crepitus. Range of motion was documented as flexion 140, abduction 145, extension 33, adduction 36, external rotation 80 and internal rotation 75 degrees. The diagnosis included right shoulder strain, impingement, biceps tear, and SLAP lesion. The treatment plan recommended an ultrasound guided cortisone injection due to on-going right shoulder pain. The 7/15/14 utilization review modified a request for right subacromial cortisone injection with ultrasound guidance and approved the injection without ultrasound guidance based on guideline recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right subacromial cortisone injection under ultra sound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic)

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: The California MTUS does not provide recommendations for the use of ultrasound guidance in subacromial injections. The use of subacromial injections is recommended in the treatment of impingement syndrome. The Official Disability Guidelines generally support steroid injections for the shoulder when indications are met. Glucocorticoid injection for shoulder pain has traditionally been performed guided by anatomical landmarks alone, and that is still recommended. Guidelines state 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. The 7/15/14 utilization review modified a request for right subacromial cortisone injection with ultrasound guidance and approved the injection without ultrasound guidance. There is no compelling reason to support the medical necessity of an ultrasound-guided injection in the absence of guideline support. Therefore, this request is not medically necessary.