

Case Number:	CM14-0115150		
Date Assigned:	09/18/2014	Date of Injury:	07/17/2002
Decision Date:	10/16/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/23/2014

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 Occupational Medicine 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:

The claimant injured his right shoulder on 07/17/02. An injection under ultrasound guidance with lidocaine and Marcaine is under review. He has ongoing right shoulder pain with shoulder bursitis and tendinitis and has been diagnosed with impingement. On 01/13/14, a right shoulder PRP injection was still being denied. He had well-healed portal incisions. Passive range of motion was decreased and he had positive impingement. There was a negative drop arm test. A right subacromial injection of PRP under ultrasound again was recommended. On 03/20/14, an updated MRI of the right shoulder revealed a tiny rim rent tear of the anterior leading edge of the infraspinatus tendon, status post rotator cuff repair, mild tendinopathy of the distal supraspinatus tendon with a tiny interstitial delaminating tear and acromioclavicular joint arthrosis. A PRP injection and gym membership were recommended. Aquatic therapy had reportedly helped in the past. His range of motion was unchanged. The PRP injection was denied. On 05/28/14, the right shoulder injection was still being denied. On 07/09/14, the PRP injection was going through the IMR process. His physical findings were unchanged. A right shoulder subacromial injection of lidocaine, Marcaine, and Kenalog was recommended and they were awaiting authorization of the PRP injection. Physical examination revealed decreased range of motion with positive impingement. On 08/07/14, he still had right shoulder pain. A PRP injection was still pending authorization. A subacromial injection of lidocaine, Marcaine, and Kenalog had been requested. Only passive range of motion of the shoulder was documented. He had a positive impingement test and negative drop arm test. Muscle strength testing was flexion/abduction at 3.5/5. Temporary relief of his right shoulder pain was expected from the injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder injection under ultrasound guidance, Lidocaine, Maraine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213.

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

Decision rationale: The Official Disability Guidelines (ODG) regarding injections for impingement, states, "in a large randomized trial on the management of subacromial impingement syndrome by physical therapists there was no significant difference in the score on the shoulder pain and disability index at three months in participants who received a combination of injection and exercise compared with those who received exercise therapy alone, but significantly earlier improvements in pain and functional disability at one and six weeks were seen in the group given corticosteroid injection. If early pain relief is a priority, then adding local steroid injection to a course of physical therapy might be a good option. Both physical therapy and corticosteroid injections significantly improve symptoms in patients with shoulder impingement syndrome (approximately 50% improvement in Shoulder Pain and Disability Index scores maintained through 1 year), but physical therapy may be more efficient. (Rhon, 2014)

ODG Criteria for Steroid injections: - Diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems, except for post-traumatic impingement of the shoulder;- Not controlled adequately by recommended conservative treatments (physical therapy and exercise, NSAIDs or acetaminophen), after at least 3 months;- Pain interferes with functional activities (e.g. pain with elevation is significantly limiting work);- Intended for short-term control of symptoms to resume conservative medical management;- Generally performed without fluoroscopic or ultrasound guidance;- Only one injection should be scheduled to start, rather than a series of three. Imaging guidance for shoulder injections: 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. "In this case, there is little information about the claimant's course of treatment to date, including trials of local care, medication, and exercise. It is not clear whether he has been involved in an ongoing exercise program and has not responded. Only his passive range of motion has been described at multiple visits with no apparent attempt to evaluate his active range of motion. In most cases, injection therapy is not considered a stand-alone treatment measure and should be combined with an exercise program. Therefore, the request for right shoulder injection under ultrasound guidance, lidocaine, maraine is not medically necessary and appropriate.