

Case Number:	CM14-0131965		
Date Assigned:	09/19/2014	Date of Injury:	11/04/2013
Decision Date:	10/17/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/18/2014

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:

This is a 48 year old female with an 11/4/13 injury date. The mechanism of injury was not provided. In a follow-up on 9/3/14, the patient reported that she still has significant right shoulder pain and difficulty with lifting, reaching, and pushing/pulling. The subacromial cortisone injection she received on 8/13/14 did help temporarily but her symptoms returned. Objective findings included positive impingement signs, tenderness over the greater tuberosity, AC joint tenderness, and normal range of motion and strength. The provider noted that the previous shoulder MRI showed supraspinatus tendinosis with AC joint arthrosis. The treatment plan at that point was noted to be right shoulder arthroscopy with subacromial decompression and distal clavicle excision. Diagnostic impression: right shoulder impingement. Treatment to date: physical therapy, medications, subacromial injection. A UR decision on 8/5/14 partially certified the request for ultrasound guided right shoulder subacromial injection to allow for right shoulder subacromial injection ONLY, on the basis that the guidelines and medical literature do not show that the addition of ultrasound guidance leads to improved patient-relevant outcomes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Ultrasound Guided Subacromial Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder Chapter: 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

Decision rationale: CA MTUS does not address this issue. ODG states that for rotator cuff disease, corticosteroid injections may be superior to physical therapy interventions for short-term results, and a maximum of three are recommended. If pain with elevation is significantly limiting activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy (i.e., strengthening exercises and NSAIDs) for two to three weeks, but the evidence is not yet overwhelming, and the total number of injections should be limited to no more than three. In the present case, the patient clearly has subjective and objective findings consistent with impingement syndrome and has failed prior conservative measures. Her MRI was also consistent with impingement syndrome. Therefore, a subacromial injection is warranted. However, the most recent progress note indicated that the patient did, in fact, receive this injection on 8/13/14 but it provided only temporary relief. The treatment plan is now for arthroscopic subacromial decompression. In any event, the current request cannot be deemed medically necessary because the ultrasound-guidance portion is not medically necessary. The guidelines and medical literature do not show any improved patient-oriented outcome measures with the use of imaging in improving injection accuracy. In addition, the procedure is traditionally performed with the use of guidance via anatomic landmarks alone. Therefore, the request for right shoulder ultrasound guided subacromial injection is not medically necessary.