

Case Number:	CM14-0135529		
Date Assigned:	10/20/2014	Date of Injury:	03/03/2011
Decision Date:	11/20/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/22/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 54-year-old female with a date of injury of 03/03/2011. The listed diagnoses per [REDACTED] are: 1. Chronic pain, 2. Sacroiliitis, other, 3. Cervical radiculopathy, 4. Trauma arthropathy, shoulder, 5. Joint pain, hand, 6. Myofascial pain syndrome. According to progress report 07/15/2014, the patient presents with right elbow, right shoulder, bilateral wrist, neck, and right hip pain. She states that the elbow pain is on the right side, which was better with a cortisone injection, but now the pain has returned back to baseline. Examination revealed "tenderness to palpation of the right lateral epicondyle. Limited range of motion of the right elbow due to pain." This treatment history includes right shoulder surgery on 05/21/2012 without relief and hardware removal in the right elbow on 11/12/2012. The treater is requesting a [REDACTED] membership for 6 months and an ultrasound-guided cortisone injection to the right elbow. Utilization review denied the request on 07/28/2014. Treatment reports from 02/21/2014 through 07/15/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Month [REDACTED] Membership: 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, Gym Memberships

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic), Gym membership

Decision rationale: This patient presents with continued right elbow, right shoulder, bilateral wrist, neck, and right hip pain. The treater is requesting a 6 months [REDACTED] membership for aquatic therapy. Regarding gym memberships, ODG Guidelines only allow in cases where it documented home exercise program with periodic assessment and revision have not been effective and there is a need for equipment. In addition, treatment needs to be monitored and administered by medical professionals. In this case, ODG does not support one type of exercise over another. Treater does not discuss why aquatic exercise is a must and why exercise cannot be done at home. ODG generally does not support gym memberships as medical treatments. Recommendation is for denial.

Ultrasound Guided Corticosteroid Injection To The Right Shoulder, Per 07/21/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Steroid Injections

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) steroid injection under the shoulder chapter

Decision rationale: This patient presents with continued right elbow, right shoulder, bilateral wrist, neck, and right hip pain. Request for authorization from 07/21/2014 requests ultrasound-guided cortisone injection for the right shoulder. ACOEM Guidelines page 213 states "2 or 3 subacromial injections of local anesthetic and cortisone preparation over an extended period as part of an exercise rehabilitation program to treat rotator cuff inflammation, impingement syndrome, or small tears. Diagnostic lidocaine injections to distinguish pain sources in the shoulder area, for example, impingement." ODG Guidelines on shoulder steroid injection under the shoulder chapter also states "recommend up to 3 injections, steroid injections compared to physical therapy seemed to have better initial but worse long-term outcomes." Review of the medical file indicates that the patient had a rotator cuff tear which was not diagnosed until 2012 and ultimately underwent shoulder surgery on 11/12/12. In this case, the patient continues with shoulder pain and ACOEM and ODG allow injections for rotator cuff tears. However, ultrasound-guided shoulder injection is not supported by ODG guidelines (under its shoulder chapter, ultrasound guidance section), stating that its need has not been demonstrated. Recommendation is for denial.