

Case Number:	CM14-0137145		
Date Assigned:	09/05/2014	Date of Injury:	08/21/2009
Decision Date:	09/30/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/25/2014

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 & Rehabilitation 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 54 year-old patient sustained an injury on 8/21/09 while employed by [REDACTED]. Request(s) under consideration include Injection to Right Shoulder Kenalog/Marcaine (Retro DOS 06/13/14) and Fluroroscan x-rays 4 views Right Shoulder. The patient is s/p Right shoulder arthroscopic type 2 SLAP repair with bio raptor anchors, RC interval closure, ASD with Mumford, ESS on 1/5/10; s/p C3-4 anterior discectomy and fusion. New consult report of 6/13/14 from the provider at initial evaluation noted the patient with ongoing right shoulder pain s/p surgery in 2010; however, stated overall done well since surgery, but has developed recurrent symptoms in right shoulder with overhead activities in the last 2-3 months. Exam showed well-healed arthroscopic scars; active ROM with 80% and 90% passive; pain at endpoints; painful arc of motion with abduction Grimm for flexion; positive impingement; 5/5 rotator cuff testing; 4+/5 supraspinatus with mild pain. Medications list Norco, Valium. Diagnoses included right shoulder recurrent subacromial impingement with internal rotation contracture; left shoulder subacromial compensatory impingement. Treatment recommendations included HEP and Aleve. The patient was provided subacromial steroid injection of Kenalog and Marcaine at office visit with noted 50% impingement relief post injection on right and 75% relief on left. The request(s) for Injection to Right Shoulder Kenalog/Marcaine (Retro DOS 06/13/14) and Fluroroscan x-rays 4 views Right Shoulder were non-certified on 8/15/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection to Right Shoulder Kenalog/Marcaine (Retro DOS 06/13/14): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation: Shoulder Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, 207; Table 9-6, 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Steroid Injections, pages 936-938.

Decision rationale: The patient was provided subacromial steroid injection of Kenalog and Marcaine at office visit with noted 50% impingement relief post injection on right and 75% relief on left. The request(s) for Injection to Right Shoulder Kenalog/Marcaine (Retro DOS 06/13/14) and Fluroroscan x-rays 4 views Right Shoulder were non-certified on 8/15/14. The provider performed the shoulder injection at initial evaluation without noted trial of therapy or medication for flare-up of symptoms. There is no specific failed conservative treatment noted to meet criteria of corticosteroid injection nor has there been clear documented functional improvement by way of ADLs or decrease in medication dosing or medical utilization to support current request. Guidelines states 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. Although injections into the subacromial space and acromioclavicular joint can be performed in the clinician's office, injections into the glenohumeral joint should only be performed under fluoroscopic guidance. A recent meta-analysis concluded that subacromial corticosteroid injection for rotator cuff disease and intra-articular injection for adhesive capsulitis may be beneficial although their effect may be small and not well maintained. Additionally, for post-traumatic impingement of the shoulder, subacromial injection of steroid had no beneficial impact on reducing the pain or the duration of immobility. Submitted reports have not specified limitations with activities or failed conservative treatment trial to support for this shoulder injection. The Injection to Right Shoulder Kenalog/Marcaine (Retro DOS 06/13/14) is not medically necessary.

Fluroroscan xrays 4 views Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation: Shoulder Complaints Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, 207; Table 9-6, page 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Steroid Injections, pages 936-938.

Decision rationale: The patient was provided subacromial steroid injection of Kenalog and Marcaine at office visit with noted 50% impingement relief post injection on right and 75% relief on left. The request(s) for Injection to Right Shoulder Kenalog/Marcaine (Retro DOS 06/13/14)

and Fluroroscan x-rays 4 views Right Shoulder were non-certified on 8/15/14. The provider performed the shoulder injection at initial evaluation without noted trial of therapy or medication for flare-up of symptoms. There is no specific failed conservative treatment noted to meet criteria of corticosteroid injection nor has there been clear documented functional improvement by way of ADLs or decrease in medication dosing or medical utilization to support current request. Guidelines states 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. Although injections into the subacromial space and acromioclavicular joint can be performed in the clinician's office, injections into the glenohumeral joint should only be performed under fluoroscopic guidance. ODG does not recommend fluoroscopic guidance for subacromial injection as in the case. Additionally, for post-traumatic impingement of the shoulder, subacromial injection of steroid had no beneficial impact on reducing the pain or the duration of immobility. As the Right shoulder Injection of Kenalog/Marcaine (Retro DOS 06/13/14) was not medically necessary; thereby the fluroroscan x-rays 4 views Right Shoulder is not medically necessary and appropriate.