

Case Number:	CM14-0141897		
Date Assigned:	09/10/2014	Date of Injury:	07/18/2011
Decision Date:	10/14/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/02/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 injured worker is a 49 year old male who reported a date of injury of 07/11/2011. The mechanism of injury was reported as a fall. The injured worker had diagnoses of left shoulder degenerative disc disease, left shoulder tendinitis and chronic left shoulder pain. Prior treatments included a home exercise program and a left fluoroscopic-guided suprascapular nerve block on 02/24/2014. The injured worker had an MRI of the left elbow on 07/19/2011 and an MRI of the left shoulder on 08/11/2011 with unofficial findings indicating partial rotator cuff tear, deltoid muscle tear, and acromioclavicular osteoarthritis. Surgeries included left shoulder labrum debridement on 10/30/2012. The injured worker had complaints of returning pain after a left shoulder injection on 02/24/2014 and stated the injection helped him for 50-75% over the last month, but was starting to limit the use of his shoulder secondary to the worsening shoulder pain. The clinical note dated 07/28/2014 noted the injured worker had good range of motion of the shoulder with forward flexion and abduction, tenderness to palpation along the AC joint as well as the biceps tendon anteriorly and, palpation reproduced shooting pain around the shoulder posteriorly around the suprascapular notch. Medications included Norco, Oxycontin and topical Methoderm. The treatment plan included the physician's recommendation for a repeat ultrasound guided shoulder injection, for the injured worker to be evaluated by a psychiatrist, Norco, Oxycontin and topical Methoderm. The rationale and request for authorization form were not provided within the medical records received.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Injection with Ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder; steroid injections

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Steroid injections.

Decision rationale: The injured worker had complaints of returning pain after the shoulder injection on 02/24/2014 and stated the injection helped him for 50-75% over the last month, but was starting to limit the use of his shoulder secondary to the worsening shoulder pain. The ACOEM Guidelines state if pain with elevation significantly limits activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy (i.e., strengthening exercises and nonsteroidal anti-inflammatory drugs) for two to three weeks. The evidence supporting such an approach is not overwhelming. The total number of injections should be limited to three per episode, allowing for assessment of benefit between injections. The Official Disability Guidelines further state with several weeks of temporary, partial resolution of symptoms, and then worsening pain and function, a repeat steroid injection may be an option. There is a lack of documentation the injured worker was unresponsive to conservative treatment exercises, physical methods, NSAIDs and muscle relaxants. The injured worker received a prior shoulder injection on 02/24/2014 and stated he had 50-75% pain relief; however, there is a lack of documentation indicating how long the injured worker's pain relief lasted. There is a lack of documentation indicating the injured worker had significant objective functional improvement with the prior injection. As such, the request is not medically necessary.

Right Shoulder Injection with Ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder; steroid injections

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.

Decision rationale: The injured worker had complaints of returning pain after the shoulder injection on 02/24/2014 and stated the injection helped him for 50-75% over the last month, but was starting to limit the use of his shoulder secondary to the worsening shoulder pain. The ACOEM Guidelines state if pain with elevation significantly limits activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy (i.e., strengthening exercises and nonsteroidal anti-inflammatory drugs) for two to three weeks. The evidence supporting such an approach is not overwhelming. The total number of injections should be limited to three per episode, allowing for assessment of benefit between injections. There is a lack of documentation the injured worker was unresponsive to conservative treatment exercises, physical methods, NSAIDs and muscle relaxants. There is a lack of

documentation indicating the injured worker has significant objective functional deficits to the right shoulder, as well as positive provocative testing which demonstrates possible pathology to the shoulder. Furthermore, the injured worker had complaints of pain in the left shoulder; however, the request is for a right shoulder injection and there is a lack of documentation indicating pain and limitations to the right shoulder. As such, the request is not medically necessary.