

<b>Case Number:</b>	CM14-0165489		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	05/18/2009
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 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 37 year-old patient sustained an injury on 5/18/09 while employed by [REDACTED]. Request(s) under consideration include Left shoulder injection under ultrasound-guided and Weight Loss program. Conservatice care has included medications, therapy, IF unit, and modified activities/rest. Report of 9/11/14 from the provider noted the patient with chronic ongoing to the cervical, lumbar spine, and shoulder. The patient has been using the interferential unit with reported difficulty sleeping. Exam of the lumbar spine showed tenderness to palpation at the paravertebral muscles and lumbosacral junction; limited range of flex/ext of 40/8 degrees; positive provocative Kemp's and SLR testing; left shoulder with diffuse limited range of 150/30/65 degrees with positive crepitus and impingement sign. The request(s) for Left shoulder injection under ultrasound-guided and Weight Loss program were non-certified on 9/18/14 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:

**Left shoulder injection under ultrasound guided:** 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 (ODG); ODG- TWC; ODG Treatment; Integrated Treatment/Disability Duration Guidelines: Shoulder Chapter

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

**Decision rationale:** This 37 year-old patient sustained an injury on 5/18/09 while employed by [REDACTED]. Request(s) under consideration include Left shoulder injection under ultrasound-guided and Weight Loss program. Conservative care has included medications, therapy, IF unit, and modified activities/rest. Report of 9/11/14 from the provider noted the patient with chronic ongoing to the cervical, lumbar spine, and shoulder. The patient has been using the interferential unit with reported difficulty sleeping. Exam of the lumbar spine showed tenderness to palpation at the paravertebral muscles and lumbosacral junction; limited range of flex/ext of 40/8 degrees; positive provocative Kemp's and SLR testing; left shoulder with diffuse limited range of 150/30/65 degrees with positive crepitus and impingement sign. The request(s) for Left shoulder injection under ultrasound-guided and Weight Loss program were non-certified on 9/18/14. No other information provided. 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 methylprednisolone had no beneficial impact on reducing the pain or the duration of immobility. Submitted reports have not specified limitations with activities, functional improvement from previous injection, progressive changed clinical deficits, failed conservative treatment, acute flare-up, red-flag conditions, or new injury to support for this shoulder injection. The Left shoulder injection under ultrasound-guided is not medically necessary and appropriate.

**Weight Loss program:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Obesity, page 320

**Decision rationale:** This 37 year-old patient sustained an injury on 5/18/09 while employed by [REDACTED]. Request(s) under consideration include Left shoulder injection under ultrasound-guided and Weight Loss program. Conservative care has included medications, therapy, IF unit, and modified activities/rest. Report of 9/11/14 from the provider noted the patient with chronic ongoing to the cervical, lumbar spine, and shoulder. The patient has been

using the interferential unit with reported difficulty sleeping. Exam of the lumbar spine showed tenderness to palpation at the paravertebral muscles and lumbosacral junction; limited range of flex/ext of 40/8 degrees; positive provocative Kemp's and SLR testing; left shoulder with diffuse limited range of 150/30/65 degrees with positive crepitus and impingement sign. The request(s) for Left shoulder injection under ultrasound-guided and Weight Loss program were non-certified on 9/18/14. No other information provided. Although MTUS/ACOEM are silent on weight loss program, the ODG does state high BMI in obese patient with osteoarthritis does not hinder surgical intervention if the patient is sufficiently fit to undergo the short-term rigors of surgery. There is no peer-reviewed, literature-based evidence that a weight reduction program is superior to what can be conducted with a nutritionally sound diet and a home exercise program. There is, in fact, considerable evidence-based literature that the less dependent an individual is on external services, supplies, appliances, or equipment, the more likely they are to develop an internal locus of control and self-efficacy mechanisms resulting in more appropriate knowledge, attitudes, beliefs, and behaviors. The fewer symptoms are ceremonialized and the sick role is reinforced as some sort of currency for positive gain, the greater the quality of life is expected to be. A search on the National Guideline Clearinghouse for "Weight Loss Program" produced no treatment guidelines that support or endorse a Weight Loss Program for any medical condition. While it may be logical for injured workers with disorders to lose weight, so that there is less stress on the body, there are no treatment guidelines that support a formal Weight Loss Program in a patient with chronic pain. The long term effectiveness of weight loss programs, as far as maintained weight loss, is very suspect. There are many published studies that show that prevention of obesity is a much better strategy to decrease the adverse musculoskeletal effects of obesity because there are no specific weight loss programs that produce long term maintained weight loss. Additionally, the patient's symptoms, clinical findings, and diagnoses remain unchanged for this 2009 injury without acute flare, new injury, or specific surgical treatment plan hindered by the patient's chronic obesity that would require a weight loss program. There is no specific BMI or weight gain documented in comparison to initial weight at date of injury. The provider has not identified what program or any specifics of supervision or treatment planned. Other guidelines state that although obesity does not meet the definition of an industrial injury or occupational disease, a weight loss program may be an option for individuals who meet the criteria to undergo needed surgery; participate in physical rehabilitation with plan to return to work, not demonstrated here as the patient has remained functionally unchanged for this chronic injury of 2009. The Weight loss program is not medically necessary and appropriate.