

Case Number:	CM14-0166242		
Date Assigned:	10/13/2014	Date of Injury:	11/03/2012
Decision Date:	11/13/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/08/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 50-year-old female with an 11/3/12 date of injury. At the time (9/11/14) of the request for authorization for ultrasound guided right shoulder injection done in office, there is documentation of subjective (right shoulder pain, right arm weakness with reaching, push/pull) and objective (decreased right shoulder range of motion, mild right impingement) findings, current diagnoses (right shoulder rotator cuff syndrome), and treatment to date (medication and therapy). There is no documentation of a statement identifying the rationale for performing the requested injection with ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided right shoulder injection done in office: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: MTUS reference to ACOEM Guidelines identifies that shoulder injection is recommended as part of an exercise rehabilitation program to treat rotator cuff inflammation,

impingement, or small tears, and that partial thickness tears can be treated the same as impingement syndrome. ODG identifies documentation of diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems; not controlled adequately by recommended conservative treatments (physical therapy and exercise, NSAIDs or acetaminophen), after at least 3 months; and pain interferes with functional activities (eg, pain with elevation is significantly limiting work), as criteria necessary to support the medical necessity of steroid injections. In addition, ODG identifies injections are generally performed without fluoroscopic or ultrasound guidance. Within the medical information available for review, there is documentation of diagnoses of right shoulder rotator cuff syndrome. In addition, there is documentation that pain is not controlled adequately by recommended conservative treatments (physical therapy and exercise, NSAIDs or acetaminophen), after at least 3 months and pain interferes with functional activities. However, there is no documentation of a statement identifying the rationale for performing the requested injection with ultrasound guidance. Therefore, based on guidelines and a review of the evidence, the request for ultrasound guided right shoulder injection done in office is not medically necessary.