

Case Number:	CM14-0181462		
Date Assigned:	11/06/2014	Date of Injury:	05/03/2014
Decision Date:	12/19/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/31/2014

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 Family Medicine 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:

Claimant is a 34-year-old male, date of injury May 3, 2014, status post fall. There's a diagnosis of impingement syndrome of shoulder. Reviewed prior utilization review decision dated October 16, 2014 which was a denial for the request for subacromial injection of left shoulder. There are no updated medical records provided for review since the date of the last utilization review decision. Most recent progress notes provided for review simply indicate that patient is suffering from knee pain status post surgery and there are no subjective or objective findings related to the shoulder documented. Reviewed progress note on May 5, 2014 and at that time it was noted that patient does suffer from bilateral shoulder pain. At that time exam indicated that the left shoulder had weakness with abduction testing and plan was to obtain MRI to rule out rotator of the shoulder. There were no MRI results provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One left shoulder subacromial injection: 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 Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG on-line, Shoulder Chapter, Steroid Injection

Decision rationale: In a large randomized trial on the management of subacromial impingement syndrome by physical therapists there was no significant difference in the score on the shoulder pain and disability index at three months in participants who received a combination of injection and exercise compared with those who received exercise therapy alone, but significantly earlier improvements in pain and functional disability at one and six weeks were seen in the group given corticosteroid injection. If early pain relief is a priority, then adding local steroid injection to a course of physical therapy might be a good option. (Crawshaw, 2010) Low-dose corticosteroid injections are just as effective in relieving pain and restoring mobility in the shoulder as high dose, indicating preferred use of a low dose at the initial stage. Patients receiving either 2 mL of 20 mg triamcinolone acetonide (low dose) or 4 mL triamcinolone acetonide (high dose) reported less pain and disability and greater range of motion after the injections, but patients receiving placebo did not improve after the sham injections. (Hong, 2011) Both subacromial corticosteroid injection and a series of 10 acupuncture treatments combined with home exercises significantly decreased pain and improved shoulder function in patients with subacromial impingement syndrome. (Johansson, 2011) An RCT of patients with impingement syndrome with at least moderate pain found that the combination of injection and specific exercise program was equivalent to exercises alone in terms of pain and functional outcomes at 3 months (primary outcome), though the injection plus exercise group were significantly improved at 6 weeks compared with the exercise alone group. (Conaghan, 2013). The request for subacromial injection is not reasonable as there are no updated medical records with subjective or objective findings of the shoulder that would clarify the rationale for request. Additionally it is unknown why conservative measures may have been employed or failed by claimant and it is unknown if there have been prior injections and what response to injection may have been. The request is not medically necessary.