

Case Number:	CM14-0094046		
Date Assigned:	09/12/2014	Date of Injury:	12/30/2010
Decision Date:	10/17/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/20/2014

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 Nevada. 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 records, presented for review, indicate that this 63-year-old gentleman was reportedly injured on December 30, 2010. The mechanism of injury was noted as a fall onto the left arm. The most recent progress note, dated May 19, 2014, indicated that there were ongoing complaints of left elbow and left shoulder pains. The physical examination demonstrated decreased left shoulder range of motion and positive impingement testing. An examination of the left elbow indicated tenderness over the lateral epicondyle and a positive Cozen's test. There was decreased left elbow range of motion. Diagnostic imaging studies of the left elbow revealed joint articular cartilage thinning tendinosis of the common extensor tendon. An MRI of the left shoulder revealed tendinosis of the supraspinatus and infraspinatus tendon along with acromioclavicular joint osteoarthritis. There was also diffuse muscle atrophy. Previous treatment included a left shoulder steroid injection. A request had been made for a left shoulder and left elbow cortisone injection with ultrasound guidance and physical therapy twice week for six weeks and was not certified in the pre-authorization process on May 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder subacromial cortisone injection under ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211-214.

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

Decision rationale: While the injured employee has impingement signs of the left shoulder, it is unclear why ultrasound guidance is needed to perform a left shoulder injection. According to the Official Disability Guidelines, shoulder injections have traditionally been performed by anatomical landmarks alone and there is no evidence that using ultrasound improves patient-relevant outcomes. Considering this, this request for a left shoulder subacromial cortisone injection under ultrasound guidance is not medically necessary.

Left elbow joint cortisone injection under ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211-214.

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

Decision rationale: According to the progress note, dated May 19, 2014, the injured employee has arthritic conditions of the left elbow joint. However, as with the shoulder injection, it is unclear why ultrasound guidance is needed for this procedure. Without additional justification, this request for a left elbow intra-articular steroid injection is not medically necessary.

PT 2x6 Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy Guidelines - 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): Shoulder, Physical Therapy

Decision rationale: A Review of the Official Disability Guidelines indicates that 10 visits of physical therapy over eight weeks time is indicated for shoulder impingement/rotator cuff syndrome. There is no supplied justification why this request exceeds these guidelines. As such, this request for 12 visits of physical therapy for the left shoulder is not medically necessary.