

Case Number:	CM14-0214190		
Date Assigned:	01/07/2015	Date of Injury:	06/25/2013
Decision Date:	02/25/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey
 Certification(s)/Specialty: Family Practice

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 is a 38 year old female who sustained a work related injury on June 25, 2013 from cumulative trauma while working as a janitor. The injured worker reported right shoulder pain. Steroid injection to the right shoulder from around 7/13 resulted in only about 2 days of relief of pain, reportedly. A physicians report dated September 5, 2014 notes the injured worker complained of intermittent right shoulder pain. The pain was noted to be mild to moderate and controlled with medication. Physical examination of the right shoulder revealed tenderness to palpation of the right deltoid muscle. She was unable to do internal or external rotation secondary to pain. An orthopedic test was deferred due to the pain. Examination of the cervical spine revealed tenderness to palpation with spasms of the right upper trapezius muscle. Orthopedic testing was negative. The injured worker underwent a right shoulder rotator cuff repair on June 16, 2014. The injured worker was noted to be temporarily totally disabled. Diagnoses include cervical spine strain/sprain with myospasms, lumbar spine strain/sprain with myospasms, right shoulder strain/sprain with clinical impingement, status post right rotator cuff repair and right carpal tunnel syndrome per a nerve conduction velocity study done on January 13, 2014. Prior treatment has also included pain medication, physical therapy, x-rays, MRI and acupuncture sessions. Physical therapy was noted to be of no benefit to the injured worker. The MRI of the right shoulder done May 1, 2014 showed a minimal narrowed acromion humeral joint measuring 4 mm and an underlying minimal conjoined tendon impingement could not be excluded. On 11/11/14, the worker was seen by her primary treating physician, reporting continual right shoulder pain and weakness of the right arm. Physical findings included positive

impingement sign of the right shoulder and tender biceps of the right arm. She was then recommended a DepoMedrol/Xylocaine injection to the right shoulder with ultrasound control. Utilization Review evaluated and denied the request on November 26, 2014, stating that the injured worker continues to report right shoulder pain despite conservative treatment and surgery and that there was limited documentation of significant objective and functional deficits in the physical examination to support the request, and that it was unclear whether the injured worker recently tried and failed conservative care or a home exercise program for the shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection right shoulder with ultrasound control: 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), Steroid Injections

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213. Decision based on Non-MTUS Citation Shoulder section, Steroid injections

Decision rationale: The MTUS ACOEM Guidelines state that shoulder corticosteroid injections are recommended as part of a treatment plan for rotator cuff inflammation, impingement syndrome, or small rotator cuff tears. The MTUS suggests up to 2-3 injections maximum over an extended period of time, and does not recommended prolonged or frequent injections beyond this number. The ODG states that the criteria for considering corticosteroid injections include: 1. Diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems, except for post-traumatic impingement, 2. Not controlled adequately by conservative treatments (physical therapy/exercise, NSAIDs, or acetaminophen) after at least 3 months, 3. Pain interferes with functional activities, 4. Intended for short-term control of symptoms to resume conservative medical management, 5. To be performed without fluoroscopic or ultrasound guidance, 6. Only one injection should be scheduled to start (rather than 3), 7. A second injection is not recommended if the first has resulted in complete resolution of symptoms or if there was no response to the first, 8. With several weeks of temporary, partial resolution of symptoms, and then worsening pain and function, a repeat steroid injection may be an option (limited up to three total per joint). In the case of this worker, there was a previous steroid injection in 7/2013 resulting in a reported 2 day pain relief but then the pain returned, reportedly. Repeat injection has been requested to the right shoulder but with ultrasound guidance, which is not necessary or recommended by the MTUS. There also was no documented explanation as to why the ultrasound might be required as an exception in this case. Therefore, due to ultrasound guidance being in the request and that a previous injection did not provided significant positive results, the steroid injection to the right shoulder will be considered medically unnecessary.