

Case Number:	CM15-0010596		
Date Assigned:	01/28/2015	Date of Injury:	05/02/2012
Decision Date:	03/23/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	01/20/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 56 year old male who sustained an industrial injury on 5/2/12. He has reported left shoulder injury. The diagnoses have included left shoulder partial thickness rotator cuff tear with internal impingement and left shoulder superior labral tear. Treatment to date has included conservative measures, diagnostics and medication. Currently, the injured worker complains of persistent left shoulder pain. He was declared permanent and stationary 1/29/13 for left rotator cuff disease and left shoulder tear but has had increase pain of recent nature. He states that he would like to try a shot and consider surgery because the pain is not going away. The physical exam of the left shoulder revealed tenderness over the anterior rotator cuff and proximal biceps. There is pain on terminal shoulder flexion and abduction, positive impingement sign, positive hawkin's sign, drop arm sign produces pain and weakness and positive circumduction grid sign. On 1/19/15 Utilization Review non-certified a request for Doppler for left shoulder, Ultrasound guided cortisone shot, left shoulder and Vicodin 150mg #30, noting the left shoulder ultrasound has been recommended for approval to rule out full thickness rotator cuff tear therefore, the left shoulder Doppler study is not medically necessary. Regarding the Ultrasound guided cortisone shot, the requested treatment is indicated for inflammation related to rotator cuff arthropathy and regarding the Vicodin 150mg #30, there is no documentation that the injured worker has failed a first line trial of oral anti-epileptics and there are no 150mg tablets available. The (MTUS) Medical Treatment Utilization Schedule was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Doppler for left shoulder: 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 Shoulder chapter: Ultrasound, diagnostic

Decision rationale: This patient presents with left shoulder pain. The treater has asked for DOPPLER FOR LEFT SHOULDER on 11/4/14. The 11/4/14 report states: "This will include ultrasound evaluation and ultrasound-guided cortisone shot." Regarding image guidance for shoulder injection, ODG states, "The Cochrane systematic review on this was unable to establish any advantage in terms of pain, function, shoulder range of motion or safety, of ultrasound-guided glucocorticoid injection for shoulder disorders over either landmark-guided or intramuscular injection. They concluded that, although ultrasound guidance may improve the accuracy of injection to the putative site of pathology in the shoulder, it is not clear that this improves its efficacy to justify the significant added cost." In this case, the patient has chronic left shoulder pain. The treater has requested a Doppler sonography. The requested Ultrasound guidance is not supported by the ODG guidelines. The request IS NOT medically necessary.

Ultrasound guided cortisone shot, left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder Chapter. Corticosteroid injections

Decision rationale: This patient presents with left shoulder pain. The treater has asked for ULTRASOUND GUIDED CORTISONE SHOT, LEFT SHOULDER on 11/4/14. Review of the reports do not show any evidence of shoulder injections being done in the past. The MRI report for the left shoulder was not included in the provided documentation. Regarding corticosteroid injections for shoulder, ODG recommends up to three injections for a diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems, except for post-traumatic impingement of the shoulder. In this case, the patient has left shoulder symptoms. The treater has requested a left shoulder corticosteroid injection, and there is no evidence the patient has had prior injections. However, the treater has requested ultrasound guided cortisone shot which is not supported by the ODG guidelines. The request IS NOT medically necessary.

Vicodin 150mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Medications for chronic pain Page(s): 76-78, 88-89, 60-61.

Decision rationale: This patient presents with left shoulder pain. The treater has asked for VICODIN 150MG #30 on 11/4/14. It is not known if patient has been taking Vicodin prior to 11/4/14 report. For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the patient has a chronic pain condition, and a trial of Vicodin may be appropriate. There is no documented prior history of opiate use. Regarding medications for chronic pain, MTUS pg. 60 states treater must determine the aim of use, potential benefits, adverse effects, and patient's preference. Only one medication should be given at a time, a trial should be given for each individual medication, and a record of pain and function should be recorded. The requested trial of Vicodin IS medically necessary.