

Case Number:	CM15-0016202		
Date Assigned:	02/04/2015	Date of Injury:	07/05/2014
Decision Date:	03/27/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/28/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 61 year old male who sustained an industrial injury on 7/5/14. The injured worker reported symptoms in the left shoulder, hip and right ankle. The diagnoses included right ankle and left shoulder pain. There are associated diagnoses of depression and anxiety disorder. Treatments to date include physical therapy, nonsteroidal anti-inflammatory drugs, and activity modification. In a progress note dated 12/14/14 the treating provider reports the injured worker complained of left shoulder pain with popping sound and difficulty with above shoulder activity. The radiological reports of the left shoulder showed supraspinatus tendinosis, rotator cuff tear and degenerative joint disease. The medications listed are NSAIDs. On 1/2/15 Utilization Review non-certified the request for left subacromial injection with ultrasound guidance. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left subacromial injection with ultrasound guidance: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204; 212-213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Shoulder-Criteria for Ultrasound, Diagnostic

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

Decision rationale: The ODG guidelines recommend that joints injections can be utilized for the treatment of joint pain that did not respond to conservative treatments with medications and PT. The records indicate that the patient completed conservative treatments with NSAIDs and PT but the left shoulder had remained very painful. The radiological findings is consistent with severe left shoulder joint pathology. The utilization of ultrasound guidance can lead to optimum needle placement in the subacromium space for the steroid medication injection. The criteria for Ultrasound guided left subacromium injection was met.