

Case Number:	CM15-0018132		
Date Assigned:	02/06/2015	Date of Injury:	09/08/2012
Decision Date:	03/25/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/30/2015

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: North Carolina
 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:

The injured worker is a 46-year-old female, with a reported date of injury of 09/08/2012. The diagnoses include adhesive capsulitis of the left shoulder, left shoulder stiffness, status post acromioclavicular joint resection, and partial thickness rotator cuff tear. Treatments have included an MRI of the left shoulder, left acromioclavicular injection, left glenohumeral joint injection, left subacromial space injection, an x-ray of the left shoulder, oral pain medication, arthroscopic subacromial decompression, acromioclavicular joint resection and bursectomy in 11/2013, and physical therapy. The progress report dated 12/15/2014 indicates that the injured worker complained of left shoulder pain. There was no change in quality of pain, severity and timing of symptoms, and modifying factors since the previous visit. She continued to have shoulder pain with motion. The physical examination of the left shoulder showed severe restriction in passive and active motion, positive impingement, and little tenderness over the acromioclavicular joint, which was worse with cross body abduction. The treating physician recommended an ultrasound guided cortisone injection to the subacromial space and glenohumeral joint, since the contrast agent may have previously resulted in a flare-up. On 01/15/2015, Utilization Review (UR) denied the request for an ultrasound-guided cortisone injection for the left shoulder. The UR physician noted that the guidelines specify that the injection is generally performed without fluoroscopic or ultrasound guidance. The ACOEM Guidelines and the Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided Cortisone Injection for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

Decision rationale: Invasive techniques have limited proven value. If pain with elevation significantly limits activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy (i.e., strengthening exercises and nonsteroidal anti-inflammatory drugs) for two to three weeks. The evidence supporting such an approach is not overwhelming. The total number of injections should be limited to three per episode, allowing for assessment of benefit between injections. The documented physical exam notes severe limitations in the range of motion of the shoulder. The patient has failed physical therapy and surgery. However these injections usually do not require ultrasound guidance. Therefore criteria for shoulder injection per the ACOEM have not been met and the request is not certified.