

Case Number:	CM15-0111704		
Date Assigned:	06/18/2015	Date of Injury:	04/02/2013
Decision Date:	07/20/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/09/2015

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 43 year old, male who sustained a work related injury on 4/2/13. The diagnoses have included shoulder arthralgia, shoulder bursitis/impingement and shoulder acromioclavicular joint arthritis. Treatments have included multiple left shoulder cortisone injections, physical therapy without benefit, oral medications, topical analgesic ointments, heat/ice therapy, home exercises, aqua therapy, and left shoulder surgery. In the PR-2 dated 5/29/15, the injured worker complains of sharp left shoulder pain. He states the left shoulder is getting better. He claims he has bursitis due to the tenderness he has in shoulder. He has tenderness to touch over the left acromioclavicular joint and mildly over the deltoid. The treatment plan includes a request for authorization for a left shoulder cortisone injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat corticosteroid injection under ultrasound guidance for the left shoulder Depo Medrol 40mg/4cc of Lidocaine Marcaine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (updated 05/04/15) - Online Version Steroid injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, 213. Decision based on Non-MTUS Citation Official disability guidelines Shoulder (Acute & Chronic) Chapter, Steroid injections.

Decision rationale: Based on the 05/29/15 progress report provided by treating physician, the patient presents with left shoulder pain. The patient is status post left shoulder arthroscopy 11/18/14 per operative report. The request is for REPEAT CORTICOSTEROID INJECTION UNDER ULTRASOUND GUIDANCE FOR THE LEFT SHOULDER DEPO MEDROL 40MG/4CC OF LIDOCAINE MARCAINE. RFA with the request not provided. Patient's diagnosis on 05/29/15 included shoulder arthralgia, shoulder bursitis/impingement, and shoulder AC joint arthritis. Physical examination to left shoulder on 04/22/15 revealed portal scars, tenderness over the deltoid and subacromion, and neurovascularly intact distally. Treatments to date have included surgery, multiple left shoulder cortisone injections, physical therapy without benefit, heat/ice therapy, home exercises, aqua therapy, medications, and topical analgesic ointments. Patient's medications include Nucynta, Vistaril, Ibuprofen and Norco, per 03/23/15 report. The patient is off-work, per 05/29/15 report. Treatment reports were provided from 05/06/14 - 05/29/15. ACOEM page 204, Chapter 9, Shoulder, initial care states: 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. ACOEM page 213, Chapter 9 states: "Two or three subacromial injections of local anesthetic and cortisone preparation over an extended period as part of an exercise rehabilitation program to treat rotator cuff inflammation, impingement syndrome, or small tears. Diagnostic lidocaine injections to distinguish pain sources in the shoulder area (e.g., impingement)." ODG Guidelines, Shoulder (Acute & Chronic) Chapter, under Steroid injections states: "Criteria for Steroid injections: Diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems, except for post-traumatic impingement of the shoulder; Not controlled adequately by recommended conservative treatments (physical therapy and exercise, NSAIDs or acetaminophen), after at least 3 months; Pain interferes with functional activities (eg, pain with elevation is significantly limiting work); Intended for short-term control of symptoms to resume conservative medical management; Generally performed without fluoroscopic or ultrasound guidance; Only one injection should be scheduled to start, rather than a series of three; A second injection is not recommended if the first has resulted in complete resolution of symptoms, or if there has been no response; With several weeks of temporary, partial resolution of symptoms, and then worsening pain and function, a repeat steroid injection may be an option; The number of injections should be limited to three." Treater has not provided medical rationale for the request. Per progress report dated 09/19/14 provided by orthopedic surgeon, treater states the patient "received multiple cortisone injections from [referring physician] and completed 8 weeks of physical therapy sessions with little to no relief of his left shoulder pain and symptoms." Per 05/29/15 report, treater states "last visit received cortisone injection denies any relief from injection." Given documentation of lack of benefit from prior injections, repeat injection to shoulder cannot be warranted. Furthermore, it is unclear why treater is requesting ultrasound guidance, as it is generally not recommended for this procedure. ODG states "Generally performed without fluoroscopic or ultrasound guidance." The requested ultrasound guidance is

excessive and not supported by guidelines. This request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.