

<b>Case Number:</b>	CM15-0115467		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	02/22/2013
<b>Decision Date:</b>	08/06/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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 42 year old female with an industrial injury dated 02/22/2013. Her diagnoses included chronic right shoulder subacromial impingement syndrome, right shoulder subacromial bursitis and rotator cuff tendinitis - rule out tear, symptomatic right acromioclavicular arthritis, chronic cervical strain and right shoulder calcific tendinitis. Prior treatment included physical therapy, acupuncture, ultrasound guided injections, cortisone injections, medications and diagnostics. The injured worker presents on 05/08/2015 for follow up of her right shoulder condition. She localized the pain to the anterolateral aspect of the right shoulder. She described it as sharp and aggravated with activities and repetitive grasping tasks with the right hand. The pain was minimally relieved with rest and ibuprofen and disturbed her sleep at night. Physical exam of the right shoulder showed no deformity, atrophy or asymmetry. The injured worker was diffusely tender throughout the subacromial region, more so on the anterolateral aspect. Yergason's, Speed's and Hawkins's were positive. Range of motion caused pain. MRI dated 02/13/2015 showed no evidence of right shoulder rotator cuff tearing. The formal report is in the documented records. This request is for right subacromial bursa and urine toxicology.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Subacromial Bursa Injection: Overturned**

**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): 213, 207. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder chapter for steroid injection.

**Decision rationale:** This patient presents with pain in the right shoulder. The current request is for a Right Subacromial Bursa Injection. The RFA is dated 05/27/15. Prior treatment included physical therapy, acupuncture, ultrasound guided shoulder injection, cortisone injection, modified work duty, medications and diagnostics. The patient is working full-time with restrictions. ACOEM page 213 allows for 2 to 3 injections as part of a rehabilitation program. ACOEM Guidelines page 207 chapter 9 for shoulder initial care states, "If pain with elevation significantly limits activity, a subacromial injection of local anesthetic and corticosteroid preparation may be indicated after conservative therapy." The ODG Guidelines under the shoulder chapter for steroid injection has the following criteria: Diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems, except for posttraumatic impingement of the shoulder. According to progress report 05/08/2015, the patient presents with localized pain in the anterolateral aspect of the right shoulder. The pain was minimally relieved with rest and medications and disturbed her sleep at night. Physical examination of the right shoulder showed tenderness throughout the subacromial region, more so on the anterolateral aspect. Yergason's, Speed's and Hawkins's tests were positive. Range of motion decreased and caused pain. MRI dated 02/13/2015 showed focal calcific tendinitis within the substance of the supraspinatus, mild degenerative labrum, and moderate tendinosis of the intra-articular portion of the long head of the biceps tendon. The treater has recommended a shoulder injection as the patient presents with a flare-up of her shoulder impingement. Per report 10/14/14, the patient had a right shoulder injection with 50% relief that last 6 weeks. This patient presents with a flare-up of pain with limited range of motion, tenderness over the subacromial region, and positive Yergason's, Speed's and Hawkins's tests. Progress notes indicate that this patient's symptoms have failed to resolve following conservative measures including medications, physical therapy, and work modification. ACOEM Guidelines supports 2-3 steroid injections, and given that prior injection was successful, the requested additional injection is medically necessary.

**Urine toxicology: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Urine drug testing (UDI).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter for Urine Drug Testing.

**Decision rationale:** This patient presents with pain in the right shoulder. The current request is for a Urine toxicology. The RFA is dated 05/27/15. Prior treatment included physical therapy,

acupuncture, ultrasound guided injections, cortisone injection, modified work duty, medications and diagnostics. The patient is working full-time with restrictions. MTUS Chronic Pain Medical Treatment Guidelines, for Testing, pg. 43 states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. ODG-TWC Guidelines, online, Pain chapter for Urine Drug Testing states: "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders." The treater recommended a Urine toxicology as the patient's most recent screening was over 3 months ago. Per report 06/24/15, 05/27/15 and 04/29/15, the patient's medication regimen includes Omeprazole, Flexeril, Neurontin, Voltaren XR and Mentherm gel. In this case, the patient is not prescribed any opiates and ODG recommends once yearly urine drug screen for management of chronic opiate use in low-risk patients. In addition, review of the medical file indicates that the patient already had prior testing on 02/27/15, 11/25/14 and 09/02/14. The current request is not medically necessary.