

Case Number:	CM15-0115603		
Date Assigned:	06/23/2015	Date of Injury:	02/03/1998
Decision Date:	07/23/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	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 62 year old female, who sustained an industrial injury on 2/3/98. She has reported initial complaints of pain in the upper extremities. The diagnoses have included other specified disorders of the bursa, tendinosis of the shoulder region, chronic pain syndrome, inflammation of rotator cuff tendon and Complex regional pain syndrome (CRPS). Treatment to date has included medications, activity modifications, off work, diagnostics, physical therapy, stellate ganglion block, shoulder injections and other modalities. Currently, as per the physician progress note dated 5/20/15, the injured worker complains of shoulder and arm pain. The pain is rated 3/10 on pain scale with medications and 6/10 without medications. The diagnostic testing that was performed included X-ray of the left shoulder dated 1/20/15 that reveals acromioclavicular joint (AC) arthrosis. The injured worker reports that the pain was alleviated with the last shoulder injection. The physical exam reveals neck pain with motion and tenderness to the bilateral trapezius. The exam of the musculoskeletal system reveals left shoulder tenderness and shoulder rotator cuff impingement. There is previous physical therapy sessions noted. The physician requested treatment included Major joint injection with Kenalog under fluroguide to the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Major joint injection with Kenalog under fluroguide, 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 (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Chapter 9, Shoulder Complaints, pages 204, 207; Table 9-6, page 213.

Decision rationale: There is no specific failed conservative treatment noted to meet criteria of corticosteroid injection nor has there been clear documented functional improvement by way of ADLs or decrease in medication dosing or medical utilization to support current request. Guidelines states if pain with elevation is significantly limiting activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy (i.e., strengthening exercises and NSAIDs) for two to three weeks, but the evidence is not yet overwhelming, and the total number of injections should be limited to no more than three. Although injections into the subacromial space and acromioclavicular joint can be performed in the clinician's office, injections into the glenohumeral joint should only be performed under fluoroscopic guidance. A recent meta-analysis concluded that subacromial corticosteroid injection for rotator cuff disease and intra-articular injection for adhesive capsulitis may be beneficial although their effect may be small and not well maintained. Additionally, for post-traumatic impingement of the shoulder, subacromial injection of methylprednisolone had no beneficial impact on reducing the pain or the duration of immobility. Submitted reports have not specified limitations with activities or functional improvement from previous injection to support for repeating this shoulder injection. The Major joint injection with Kenalog under fluoroguide, left shoulder is not medically necessary and appropriate.