

Case Number:	CM15-0127555		
Date Assigned:	07/14/2015	Date of Injury:	12/16/2013
Decision Date:	08/10/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/01/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 58 year old male, who sustained an industrial injury on 12/16/2013. Diagnoses include status post right shoulder arthroscopy including subacromial decompression, acromioplasty and supraspinatus tendon repair with rotator cuff repair/adhesive capsulitis/status post healed mid humerus fracture. Treatment to date has included surgical intervention (right shoulder arthroscopy with subacromial decompression, acromioplasty and repair of supraspinatus tendon (10/06/2014) and conservative measures including work restriction, physical therapy and medications. Per the Orthopedic Report dated 5/26/2015 the injured worker reported continued/persistent pain with limited motion. He is pending consultations with psychiatry, internal medicine and sleep. Physical examination of the right shoulder revealed post-operative changes. Tenderness to palpation is present over the parascapular musculature, trapezius muscles, subacromial region, acromioclavicular joint and supraspinatus tendon. Crepitus is present. There was decreases ranges of motion and grade 4/5 weakness in all planes. The plan of care included, and authorization was requested, for right shoulder subacromial injection under ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder subacromial injection under ultrasound guidance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder-Steroid Injections.

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

Decision rationale: The claimant sustained a work-related injury in December 2013 and underwent right arthroscopic rotator cuff repair in October 2014. When seen, he had ongoing pain and decreased range of motion. There was shoulder tenderness including over the rotator cuff muscles. There was decreased range of motion and weakness. The claimant's BMI is nearly 29. A steroid injection is recommended as an option which shoulder pain is not controlled adequately by recommended conservative treatments including physical therapy, exercise, and medications after at least 3 months. In this case, the claimant has had conservative treatments and continues to have symptoms. Imaging findings support the injection being requested and a prior injection had provided benefit. Although shoulder injections are generally performed without fluoroscopic or ultrasound guidance, there is some evidence that the use of imaging improves accuracy and in this case the claimant has had prior surgery and is obese. The requested injection including ultrasound guidance was medically necessary.