

Case Number:	CM15-0172398		
Date Assigned:	09/14/2015	Date of Injury:	12/24/2011
Decision Date:	10/12/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/01/2015

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 41 year old female, who sustained an industrial injury on 12-24-2011. She reported injuries to the left shoulder, right knee, and right ankle from a slip and fall off a ladder. Diagnoses include pain in the joint left shoulder, chronic shoulder pain status post shoulder surgery, and chronic right knee pain status post ACL repair. Treatments to date include activity modification, Tylenol #3, Norco, topical analgesic, physical therapy, and cortisone injections. Currently, she complained of ongoing right knee and left shoulder pain. Previous cortisone injections to the shoulder was noted to provide one to two days of reduced pain, with last injection administered in February 2-15. Current medications listed included Tylenol #3. On 8-18-15, the physical examination documented tenderness to the left shoulder and right knee. A cortisone injection to the right knee was provided on this date. The plan of care included an injection to the left shoulder with ultrasound guidance needed "primarily for postoperative changes for appropriate needle placement". The appeal requested authorization for a left Acromioclavicular joint injection under ultrasound guidance. The Utilization Review dated 8-21-15, denied the request indicating the documentation submitted did not support medical necessity per California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided left acromioclavicular joint injection (ultrasound needed for guidance of post-surgical state and diagnostic evaluation): Overturned

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p 60.

Decision rationale: The claimant sustained a work injury in December 2011 and continues to be treated for right and left shoulder pain. Her history includes a right anterior cruciate and meniscus repair in February 2012 and left shoulder rotator cuff repair and labral debridement in September 2012. A left subacromial injection was done in February 2015 without pain relief. When seen, pain was rated at 4-7/10. Treatments were reviewed and had included multiple pain medications and the maximum number of physical therapy sessions. Physical examination findings included left acromioclavicular joint tenderness. There was mild pain with horizontal adduction. Impingement testing was negative. Authorization was requested for an intra-articular acromioclavicular joint injection with ultrasound guidance for diagnostic purpose. Guidelines state that local anesthetic injections are used to diagnose certain pain conditions that may arise out of occupational activities, or due to treatment for work injuries. In this case, the claimant has ongoing right shoulder pain with a negative response from a subacromial injection. There are findings of acromioclavicular joint arthropathy and the claimant has had prior surgery. The rationale for the injection and for the use of ultrasound guidance are clearly stated. The injection as requested is medically necessary.