

Case Number:	CM15-0175649		
Date Assigned:	09/17/2015	Date of Injury:	10/22/2014
Decision Date:	10/27/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/08/2015

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, Hawaii
 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 35-year-old male, with a reported date of injury of 10-22-2014. The diagnoses include left shoulder pain, left shoulder rotator cuff tendinosis, left shoulder asymptomatic acromioclavicular arthritis, and left shoulder periscapular muscle strain. Treatments and evaluation to date have included a subacromial injection, with relief of pain for a short period of time; parascapular injection into the trigger points, with significant relief; Ibuprofen; and Relafen. The diagnostic studies to date have not been included in the medical records. The pain management initial comprehensive evaluation dated 07-28-2015 indicates that the injured worker was there for another subacromial injection and parascapular trigger point injection. He had significant pain in his left shoulder with range of motion. The injured worker felt popping and catching in his left shoulder. The physical examination showed abduction at 180 degrees; flexion at 180 degrees; pain when the left shoulder when he would get around 150 degrees; external rotation at 45 degrees; positive Hawkins maneuver on the left; no evidence of rotator cuff tear; and no evidence of sulcus tear. There was an impression of left shoulder internal disruption with mild impingement. It was noted that the injured worker wanted to try the combined injection of both parascapular trigger points and the subscapular and subacromial shoulder injection. The injured worker's work status was not indicated. The treating physician requested a left subacromial injection and left shoulder trigger point injection. On 08-21-2015, Utilization Review (UR) non-certified the request for a left subacromial injection and left shoulder trigger point injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left subacromial injection: Overturned

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online, Shoulder, Steroid Injection.

Decision rationale: The patient presents with pain affecting the left shoulder. The current request is for Left subacromial injection. The treating physician report dated 7/28/15 (25B) states, "The patient has been sent here for possible injection to the left shoulder subacromial and into trigger point injections around the suprascapular area. The patient is eager to have this done. He has had injections that helped him for a period of time. He wants to try the combined injection of both parascapular trigger points and also the subscapular and subacromial shoulder injection." A report dated 1/28/15 (47B) states, "The patient does have minimally positive impingement sign and some evidence of cuff tendinosis by MRI, so I suggested a trial of subacromial space corticosteroid injection just to determine whether or not that is contributing to his current symptoms." A report dated 4/20/15 (83B) states, "we did place subacromial space corticosteroid injection at the initial visit of 01/28/15 and after a couple days of increased pain, which was expected, the patient did get substantial benefit." The MTUS guidelines do not address the current request. The ODG guidelines state the following regarding steroid injections of the shoulder: "Recommended as indicated below, up to three injections. Steroid injections compared to physical therapy seem to have better initial but worse long-term outcomes. There is limited research to support the routine use of subacromial injections for pathologic processes involving the rotator cuff, but this treatment can be offered to patients." The medical reports provided show the patient received a subacromial injection of the left shoulder on 1/28/15 (48B). In this case, the patient presents with "Left shoulder internal disruption with mild impingement" and the treating physician is requesting a subacromial injection of the left shoulder in order to provide the patient relief of his symptoms. Furthermore, the patient has received only one subacromial injection previously with "substantial benefit." The current request satisfies the criteria outlined by the ODG guidelines in the "Shoulder" chapter. The current request is medically necessary.

Left shoulder trigger point injection: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: The patient presents with pain affecting the left shoulder. The current request is for Left shoulder trigger point injection. The treating physician report dated 7/28/15

(25B) states, "The patient has been sent here for possible injection to the left shoulder subacromial and into trigger point injections around the suprascapular area. The patient is eager to have this done. He has had injections that helped him for a period of time. He wants to try the combined injection of both parascapular trigger points and also the subscapular and subacromial shoulder injection." MTUS under its chronic pain section has the following regarding trigger point injections on page 122: "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value." Criteria for use include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. In this case, examination does not reveal a twitch response, and there is no discussion of circumscribed trigger points. Furthermore, while the patient did note "significant relief" from a prior trigger point injection, there is no documentation of 50% pain relief with reduced medication use obtained for six weeks after the initial injection, as required by the MTUS guidelines on page 122. The current request is not medically necessary.