

Case Number:	CM15-0176898		
Date Assigned:	09/17/2015	Date of Injury:	03/03/2015
Decision Date:	11/30/2015	UR Denial Date:	08/28/2015
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: North Carolina
 Certification(s)/Specialty: Family Practice

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 47 year old male who sustained an industrial injury 03-03-15. A review of the medical records reveals the injured worker is undergoing treatment for bilateral shoulder sprain-strain, lumbar, thoracic, and cervical spine sprain-strain, and healed right shin-leg laceration. Medical records (08-19-15) reveal the injured worker complains of left sacroiliac joint sprain as well as bilateral shoulder pain and weakness. The notes are handwritten and difficult to decipher. The physical exam (08-19-15) reveals tenderness to palpation in the bilateral shoulders and lumbar spine. Decreased sensation is noted in the left lower extremity. Range of motion is diminished in the bilateral shoulders. Prior treatment includes acupuncture, chiropractic treatments, and medications including Norco, Zanaflex, and Anaprox. The treating provider reports the plan of care as a urine drug screen, Norco, Zanaflex, and bilateral shoulder subacromial injections under ultrasound guidance. The original utilization review (08-28-15) non-certified the request for bilateral shoulder subacromial injections under ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder SA Injections under US guidance QTY 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines Criteria for Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care.

Decision rationale: The ACOEM chapter on shoulder complaints states: Invasive techniques have limited proven value. If pain with elevation significantly limits activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy (i.e., strengthening exercises and nonsteroidal anti-inflammatory drugs) for two to three weeks. The evidence supporting such an approach is not overwhelming. The total number of injections should be limited to three per episode, allowing for assessment of benefit between injections. There is no evidence in the medical records that pain with elevation is significantly limiting activities. There are no physical exam findings of unusual anatomy that would require ultrasound or fluoroscopic guidance for this routine injection. Therefore, the request is not medically necessary.

Right Shoulder SA Injections under US Guidance QTY 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines Criteria for Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care.

Decision rationale: The ACOEM chapter on shoulder complaints states: Invasive techniques have limited proven value. If pain with elevation significantly limits activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy (i.e., strengthening exercises and nonsteroidal anti-inflammatory drugs) for two to three weeks. The evidence supporting such an approach is not overwhelming. The total number of injections should be limited to three per episode, allowing for assessment of benefit between injections. There is no evidence in the medical records that pain with elevation is significantly limiting activities. There are no physical exam findings of unusual anatomy that would require ultrasound or fluoroscopic guidance for this routine injection. Therefore, the request is not medically necessary.