

Case Number:	CM15-0177070		
Date Assigned:	09/17/2015	Date of Injury:	01/17/2012
Decision Date:	10/20/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/09/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 51 year old male, who sustained an industrial injury on 1-17-2012. The injured worker is being treated for limited range of motion bilateral shoulders and bilateral shoulder internal derangement. Treatment to date has included medications, chiropractic care, home exercise, physical therapy and acupuncture. Per the Primary Treating Physician's Progress Report dated 8-14-2015, the injured worker presented for an initial pain management evaluation. He reported bilateral shoulder pain that radiates up to the neck and to both arms with weakness, numbness and tingling that radiates down to both hands. He describes his pain as 8 out of 10 most of the time with flare-ups reaching 9 out of 10. Upon examination of the bilateral shoulders, they were symmetrical on both sides. There was no evidence of dislocation or fracture, and no prominence of the acromioclavicular joint. There was no binding of the scapula and no evidence of rupture of the biceps tendon. There was tenderness to palpation over the anterior aspect of the shoulder, suprascapular muscles and the acromion. The plan of care included, and authorization was requested on 8-21-2015 for bilateral shoulder intraarticular injections and a cervical epidural steroid injection C7-T1. 8-28-2015, Utilization Review non-certified the request for bilateral shoulder intraarticular injections under fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral shoulder intra-articular injection under fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder (Acute and Chronic) Injections.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations, Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Steroid injections.

Decision rationale: According to CA MTUS/ACOEM guidelines 2nd edition, Chapter 9, Shoulder complaints, page 204, Initial care, subacromial injection may be indicated after conservative therapy for two to three weeks. In this case, the exam note from 8/14/15 does not indicate if conservative care has been attempted and failed. Therefore, the guideline has not been satisfied and determination is for non-certification. Per ODG: Criteria for Steroid injections: Diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems, except for post-traumatic impingement of the shoulder; Not controlled adequately by recommended conservative treatments (physical therapy and exercise, NSAIDs or acetaminophen), after at least 3 months; Pain interferes with functional activities (e.g., pain with elevation is significantly limiting work); Intended for short-term control of symptoms to resume conservative medical management;- Generally performed without fluoroscopic or ultrasound guidance; Only one injection should be scheduled to start, rather than a series of three; A second injection is not recommended if the first has resulted in complete resolution of symptoms, or if there has been no response; With several weeks of temporary, partial resolution of symptoms, and then worsening pain and function, a repeat steroid injection may be an option; The number of injections should be limited to three. In this case the exam note from 8/14/15 does not indicate if conservative care has been attempted and failed. Therefore, the guideline has not been satisfied and the request is not medically necessary.