

Case Number:	CM15-0024040		
Date Assigned:	02/13/2015	Date of Injury:	04/05/2014
Decision Date:	04/03/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/09/2015

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

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 38 year old male, who sustained an industrial injury on April 5, 2014. The injured worker had reported a left shoulder injury. The diagnoses have included a left shoulder strain, partial rotator cuff tear left shoulder, tendonitis and impingement syndrome left shoulder and acromioclavicular joint arthritis. Treatment to date has included medication management, MRI of the left shoulder, a home exercise program, hot and cold modalities and a left shoulder arthroscopy with labral debridement and subacromial decompression on January 15, 2015. Current documentation dated January 20, 2015 notes that he injured worker reported ongoing left shoulder pain. He was status -post one week left shoulder arthroscopy. He complained of increasing sharp pain with activities. He also reported weakness, numbness and tingling in the left hand. Physical examination of the left shoulder noted healing surgical incisions, pain and a decreased range of motion. Strength was 4/5 throughout. On January 30, 2015 Utilization Review non-certified a request for an ultrasound-guided Cortisone subacromial injection to the left shoulder due to no improvement. The MTUS, ACOEM Guidelines, were cited. On February 9, 2015, the injured worker submitted an application for IMR for review of an ultrasound-guided Cortisone subacromial injection to the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound-Guided Cortisone Subacromial Injection to the Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Shoulder Chapter, under Steroid Injections.

Decision rationale: The patient presents with post-surgical pain to the left shoulder rated 8-9/10 without medications and 5/10 with medications, and associated numbness and tingling in the left hand. The patient's date of injury is 04/05/14. Patient is status post left shoulder arthroscopy with labral debridement and subacromial decompression on 01/15/15. The request is for ULTRASOUND GUIDED CORTISONE SUBACROMIAL INJECTION TO LEFT SHOULDER. The RFA was not provided. Physical examination of the left shoulder dated 01/20/15 reveals well healed surgical incisions, tenderness to palpation of the greater tuberosity, and decreased range of motion secondary to pain. The patient is currently prescribed Ibuprofen, Naproxen, and Hydrocodone. Diagnostic imaging was not included. Patient's current work status is not specified. ODG Guidelines, Shoulder Chapter, under Steroid Injections has the following: "Recommended as indicated below, up to three injections. Steroid injections compared to physical therapy seem to have better initial but worse long-term outcomes. One trial found mean improvements in disability scores at six weeks of 2.56 for physical therapy and 3.03 for injection, and at six months 5.97 for physical therapy and 4.55 for injection. Variations in corticosteroid/anesthetic doses for injecting shoulder conditions among orthopaedic surgeons, rheumatologists, and primary-care sports medicine and physical medicine and rehabilitation physicians suggest a need for additional investigations aimed at establishing uniform injection guidelines. 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. Intra-articular injections are effective in reducing pain and increasing function among patients with adhesive capsulitis." In regards to the request for a cortisone injection to the patient's left shoulder, the request for ultrasound guidance exceeds guideline recommendations. Progress notes provided do not indicate that this patient has had any steroid injections to date, and is currently in the post operative period following labral debridement. However, it is unclear why the treater is requesting ultrasound guidance, as it is generally not recommended for this procedure. Were this procedure to be performed without ultrasound the recommendation would be for approval, however the requested ultrasound guidance is excessive and not medically substantiated. Therefore, the request IS NOT medically necessary.