

Case Number:	CM15-0033558		
Date Assigned:	02/27/2015	Date of Injury:	09/23/2013
Decision Date:	04/13/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/23/2015

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 48 year old female with an industrial injury dated September 23, 2013. The injured worker diagnoses include right shoulder pain, right shoulder supraspinatus tendinosis with right shoulder SLAP (superior glenoid labrum lesion) tear and rotator cuff syndrome. She has been treated with diagnostic studies, radiographic imaging, prescribed medications, 18 sessions of physical therapy, H Wave unit and periodic follow up visits. According to the progress note dated 2/2/2015, the injured worker reported right shoulder pain with a decrease in pain since last physician visit from using the H Wave. The treating physician noted positive Speed and O'Brien, a mildly positive impingement I and Hawkins, negative impingement II. The treating physician prescribed right shoulder injection under ultrasound with kenalog. Utilization Review determination on February 5, 2015 denied the request for right shoulder injection under ultrasound with kenalog, citing MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rights shoulder injection under ultrasound with kenalog: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation Official disability guidelines Shoulder chapter for steroid injection.

Decision rationale: This patient presents with right shoulder pain. MRI of the right shoulder dated 11/18/14 demonstrated partial thickness tear/fraying in the undersurface and mild degenerative fraying in the under surface of the superior labrum. Request for Authorization (RFA) provided is dated 1/29/15. The current request is for right shoulder injections under ultrasound with kenalog. ACOEM Guidelines page 207 chapter 9 for shoulder initial care states; "If pain with elevation significantly limits activities, a subacromial injection of local anesthetic and corticosteroid preparation may be indicated after conservative therapy." The ODG Guidelines shoulder chapter for steroid injection/criteria states these are for: Diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems, except for post-traumatic impingement of the shoulder. This patient presents with pain in the right shoulder with limited range of motion, functional deficits, partial thickness tear and mild degenerative fraying. The ACOEM and ODG Guidelines support shoulder injections. The current request for shoulder injection IS medically necessary.