

Case Number:	CM15-0062059		
Date Assigned:	04/08/2015	Date of Injury:	11/09/2013
Decision Date:	05/14/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/01/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

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 female, who sustained an industrial injury on November 9, 2013, incurring neck and upper back injuries lifting a heavy tray. Treatment included physical therapy, and medications. She was diagnosed with a rotator cuff tear, impingement syndrome of the shoulder, adhesive capsulitis of the right shoulder. Currently, the injured worker complained of constant bilateral shoulder pain. The treatment plan that was requested for authorization included ultrasound guided injection with Dexamethasone and Marcaine to the right shoulder. The injured worker had shoulder surgery on 01/29/2015. The request for the injection was made on 03/05/2015 and the injured worker at that time reported feeling that her shoulder was better and had not started physical therapy yet. A denial was made for the request on 03/20/15 due to the injured worker not starting physical therapy yet and ultrasound not being necessary. The injured worker was seen again on 03/19/2015 by the requesting physician and it was noted at that time the range of motion had continued to improve. The plan at that time was to start physical therapy, no mention of a steroid injection was made again.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided injection with Dexamethasone and Marcaine right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Shoulder Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder.

Decision rationale: Regarding the request for Ultrasound-Guided Steroid Injection for the Rt Shoulder, Chronic Pain Medical Treatment Guidelines support the use of a subacromial injection if pain with elevation significantly limits activity following failure of conservative treatment for 2 or 3 weeks. They go on to recommend the total number of injections should be limited to 3 per episode, allowing for assessment of benefits between injections. Official Disability Guidelines recommend performing shoulder injections guided by anatomical landmarks alone. Guidelines go on support the use of corticosteroid injections for adhesive capsulitis, impingement syndrome, or rotator cuff problems, which are not controlled adequately by conservative treatment after at least 3 months, when pain interferes with functional activities. Guidelines state that a 2nd injection is not recommended if the 1st has resulted in complete resolution of symptoms, or if there has been no response. Within the documentation available for review, the injured worker has not failed conservative treatment following surgery. Additionally, guidelines do not support the use of imaging guidance for shoulder injections. As such, the currently requested repeat right shoulder injection with ultrasound is not medically necessary.