

Case Number:	CM15-0063236		
Date Assigned:	05/15/2015	Date of Injury:	03/20/2012
Decision Date:	06/19/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	04/02/2015

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, Hawaii

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 50 year old male with an industrial injury dated 3/20/2012. The injured worker's diagnoses include pain in joint of upper arm, chronic pain syndrome and pain disorders related to psychological factors, other. Treatment consisted of diagnostic studies, prescribed medications, physical therapy, right shoulder surgery and periodic follow up visits. In a progress note dated 2/13/2015, the injured worker reported right shoulder pain. The injured worker rated pain a 5/10 over the right anterior shoulder. Documentation noted that the injured worker was status post right shoulder surgery on 1/23/2013 with ongoing symptoms. Objective findings revealed restricted movements with abduction due to pain and tenderness to palpitation over the acromioclavicular joint (AC). The treating physician prescribed services for urine screening and confirmatory testing and ultrasound of the right shoulder now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine screening and confirmatory testing: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines urine toxicology screens- opiates, steps to avoid misuse/addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: The attending physician report dated 2/13/15 indicates ongoing right shoulder pain. The current request is for urine drug screening and confirmatory testing. The MTUS guidelines recommend drug testing as follows, "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." The review of the reports does not show that there was any other urine toxicology in 2014. Because the patient is taking Norco, the attending physician feels that screening is medically necessary because of the ongoing opioid usage. As such, recommendation is for authorization.

Ultrasound of the 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 Chapter (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder Chapter, Imaging Guidance for Shoulder Injections.

Decision rationale: The attending physician report dated 2/13/15 indicates ongoing right shoulder pain. The current request is for ultrasound of the right shoulder. The attending physician has requested and has authorization for suprascapular nerve block. The ODG has this to say about imaging guidance for shoulder injections. Glucocorticoid injection for shoulder pain has traditionally been performed guided by anatomical landmarks alone, and that is still recommended. With the advent of readily available imaging tools such as ultrasound, image-guided injections have increasingly become more routine. While there is some evidence that the use of imaging improves accuracy, there is no current evidence that it improves patient-relevant outcomes. The Cochrane systematic review on this was unable to establish any advantage in terms of pain, function, shoulder range of motion or safety, of ultrasound-guided glucocorticoid injection for shoulder disorders over either landmark-guided or intramuscular injection. They concluded that, although ultrasound guidance may improve the accuracy of injection to the putative site of pathology in the shoulder, it is not clear that this improves its efficacy to justify the significant added cost. Another recent meta-analysis confirms this. While there was a statistically significant difference in pain and abduction between landmark-guided and US-guided steroid injections for adults with shoulder pathology, these differences were small and do not represent clinically useful effects. The current request does not establish medical necessity as the request itself is not evidence based. As such, recommendation is for denial.