MAXIMUS Federal Services

Case Number:	CM15-0068281		
Date Assigned:	04/15/2015	Date of Injury:	12/29/2013
Decision Date:	05/19/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/10/2015

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:

This 64 year old male sustained an industrial injury to the low back on 12/29/13. Previous treatment included magnetic resonance imaging, physical therapy, heat/ice, massage and medications. In the most recent PR-2 submitted for review, dated 2/19/15, the injured worker complained of pain 8/10 on the visual analog scale to the low back with medications and 10/10 without medications. Physical exam was remarkable for tenderness to palpation throughout the back with decreased range of motion in all planes and positive bilateral straight leg raise. Current diagnoses included lumbar spine spondylosis, lumbar spine sprain/strain, chronic pain syndrome, opioid dependence and shoulder pain. The treatment plan included a right elbow-trial of Butrans and Cymbalta, a trial of Dilaudid, continuing Ultracin cream and Topamax, electromyography bilateral lower extremities and lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right subacromial Bursa injection with ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: The patient presents on 10/16/14 with right shoulder pain rated 8/10. The patient's date of injury is 12/29/13. Patient has no documented surgical history directed at this complaint. The request is for Right Subacromial Bursa Injection with Ultrasound Guidance. The RFA was not provided. Physical examination dated 10/16/14 reveals tenderness to palpation over the greater tuberosity in the area of the supraspinatus tendon, tenderness around the AC joint and trapezius. Range of motion is restricted in all planes, and positive Hawkin's sign and Neer's test are noted. The patient is currently prescribed Butrans, Cymbalta, Dilaudid, and Ultracin cream. Diagnostic imaging included right shoulder MRI dated 03/26/14, significant findings include: "severe osteoarthritis involving the right glenohumeral joint with a moderate sized right glenohumeral joint effusion... degenerative type SLAP lesion and degenerative tearing involving all four quadrants of the glenoid labrum diffusely..." Per 02/19/15 progress note, patient is classified as temporarily totally disabled for 45 days. 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 orthopedic 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 regard to the request for what appears to be a cortisone injection to the patient's right shoulder, ultrasound guidance exceeds guideline recommendations. Progress notes provided do not indicate that this patient has had any steroid injections to date. However, it is unclear why the provider 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 cannot be medically substantiated. Therefore, the request is not medically necessary.