

Case Number:	CM15-0096675		
Date Assigned:	05/27/2015	Date of Injury:	06/24/2014
Decision Date:	06/30/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/19/2015

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 is a 59 year old female with a June 24, 2014 date of injury. A progress note dated December 10, 2014 documents subjective findings (Flexeril helpful; history noted of back pain, shoulder pain, and right elbow pain radiating to the back), objective findings (unchanged from October 20, 2014; evaluation at that time showed limitation with internal rotation of the right shoulder; diminished sensation of the right elbow and forearm; positive Tinel's along the ulnar nerve) and current diagnoses (right shoulder sprain/strain; acromioclavicular joint arthritis; right elbow sprain/strain; right wrist sprain/strain; carpal tunnel syndrome). Treatments to date have included medications, injections, imaging studies, chiropractic treatments, and physical therapy. The treating physician documented a plan of care that included physical therapy, bilateral shoulder injections, bilateral shoulder support, and chiropractic treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral shoulders ultrasound ultrasound guided injection (left and right): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), shoulder injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213. Decision based on Non-MTUS Citation Official disability guidelines Shoulder chapter, Steroid injections Shoulder Chapter, Ultrasound guidance for shoulder injections.

Decision rationale: The 59 year old patient complains of neck pain, rated at 2/10, along with shoulder and upper arm sprain, elbow and forearm sprain, and osteoarthritis of the shoulder region, as per progress report dated 02/17/15. The request is for bilateral shoulders ultrasound guided injection. There is no RFA for this case, and the patient's date of injury is 06/24/14. Diagnoses, as per progress report dated 12/10/14, included right shoulder sprain/strain, AC joint arthritis, LHB tendinitis, right elbow sprain/strain, and right wrist sprain/strain. MRI of the right shoulder, dated 12/04/14, revealed tendinosis of the intra-articular portion of the long head of the biceps, supraspinatus and infraspinatus tendinosis, mild subacromial subdeltoid bursitis, and mild acromioclavicular osteoarthritis. Medications, as per progress report dated 01/21/15, included Naproxen, Tramadol, Flexeril and topical compounded cream. The patient is on modified duty, as per the same progress report. For shoulder injections, the ACOEM page 213 allows for 2 to 3 injections as part of a rehabilitation program. ODG Shoulder chapter, under Steroid injections has the following regarding 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." ODG Shoulder Chapter, Ultrasound guidance for shoulder injections: "In the shoulder, conventional anatomical guidance by an experienced clinician is generally adequate. While 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." In this case, a request for right LBH injection is noted in progress report dated 12/10/14. Subsequent progress report, dated 01/21/15, is handwritten and not very legible. However, the treater appears to state that the patient has improved with right LBH injection. The patient does suffer from right shoulder LBH tendinitis and right shoulder sprain/strain, and may benefit from the injection. Nonetheless, ODG guidelines do not support the use of ultrasound for shoulder injections. Additionally, there is no documentation of left shoulder symptoms in the progress reports. Hence, the request for ultrasound guided bilateral shoulder injections IS NOT medically necessary.

Bilateral shoulder SAS (shoulder abduction supports (left and right, unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Shoulder (acute and Chronic) chapter, Postoperative abduction pillow sling.

Decision rationale: The 59 year old patient complains of neck pain, rated at 2/10, along with shoulder and upper arm sprain, elbow and forearm sprain, and osteoarthritis of the shoulder

region, as per progress report dated 02/17/15. The request is for bilateral shoulder sas (shoulder abduction supports) left and right, unspecified. There is no RFA for this case, and the patient's date of injury is 06/24/14. Diagnoses, as per progress report dated 12/10/14, included right shoulder sprain/strain, AC joint arthritis, LHB tendinitis, right elbow sprain/strain, and right wrist sprain/strain. MRI of the right shoulder, dated 12/04/14, revealed tendinosis of the intra-articular portion of the long head of the biceps, supraspinatus and infraspinatus tendinosis, mild subacromial subdeltoid bursitis, and mild acromioclavicular osteoarthritis. Medications, as per progress report dated 01/21/15, included Naproxen, Tramadol, Flexeril and topical compounded cream. The patient is on modified duty, as per the same progress report. ODG guidelines, chapter 'Shoulder (acute and Chronic)' and topic 'Postoperative abduction pillow sling', states the following: Recommended as an option following open repair of large and massive rotator cuff tears. The sling/abduction pillow keeps the arm in a position that takes tension off the repaired tendon. Abduction pillows for large and massive tears may decrease tendon contact to the prepared sulcus but are not used for arthroscopic repairs. In this case, a request for right SAS is noted in progress report dated 12/10/14. Subsequent progress report, dated 01/21/15, is handwritten and not very legible. However, the treater appears to state that the patient has improved with right SAS. Nonetheless, ODG guidelines support the use of abduction slings only patients with large rotator cuff tears. Additionally, the progress report does not document any left shoulder symptoms that may warrant the SAS. Hence, the request for bilateral SAS IS NOT medically necessary.

Chiropractic 6 sessions: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: The 59 year old patient complains of neck pain, rated at 2/10, along with shoulder and upper arm sprain, elbow and forearm sprain, and osteoarthritis of the shoulder region, as per progress report dated 02/17/15. The request is for bilateral shoulder sas (shoulder abduction supports) left and right, unspecified. There is no RFA for this case, and the patient's date of injury is 06/24/14. Diagnoses, as per progress report dated 12/10/14, included right shoulder sprain/strain, AC joint arthritis, LHB tendinitis, right elbow sprain/strain, and right wrist sprain/strain. MRI of the right shoulder, dated 12/04/14, revealed tendinosis of the intra-articular portion of the long head of the biceps, supraspinatus and infraspinatus tendinosis, mild subacromial subdeltoid bursitis, and mild acromioclavicular osteoarthritis. Medications, as per progress report dated 01/21/15, included Naproxen, Tramadol, Flexeril and topical compounded cream. The patient is on modified duty, as per the same progress report. MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. In this case, a request for chiropractic care is noted in progress report dated 12/10/14. Progress reports do not document prior chiropractic therapy. Subsequent progress report, dated 01/21/15, is handwritten and not very legible. However, the treater appears to state that the patient has improved with chiropractic

care. MTUS guidelines also recommend 6 trial visits over 2 weeks. Hence, the request for 6 sessions IS medically necessary.