

Case Number:	CM15-0097840		
Date Assigned:	05/28/2015	Date of Injury:	12/06/2010
Decision Date:	07/08/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/20/2015

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 56 year old female, who sustained an industrial injury on 12/6/10. She has reported initial complaints of right shoulder and low back injuries. The diagnoses included pain in joint shoulder region, chronic rotator cuff capsule sprain, status post revision acromioplasty and rotator cuff repair, chronic pain due to trauma, low back pain and chronic anxiety and depression. Treatment to date has included medications, activity modifications, surgery, physical therapy, ice and home exercise program (HEP). Currently, as per the physician progress note dated 2/12/15, the injured worker is 5 months post-op and the right shoulder is improving slowly with therapy and home exercises. She notes increase range of motion but continues to have pain, weakness and cramping in the trapezius muscle and burning pain in the scapular area. The pain is aggravated by overhead and repetitive use. The objective findings reveal the right shoulder range of motion is 170 degrees of flexion, 50 degrees of extension, 170 degrees of abduction, 50 degrees of adduction, 80 degrees of external rotation, and 80 degrees of internal rotation. There is tenderness at the acromioclavicular joint, the impingement sign is positive and there is mild pain and weakness with abduction and external rotation testing. There are no diagnostic reports noted in the records. The physician recommended treatment is continuing with shoulder rehab, home exercise program (HEP), and ice. She is to avoid aggravating activities. She reports that Motrin upsets the stomach so she was given Duexis to try for pain. The physician requested treatments included Major Joint Injection Right Shoulder, Office visit to administer injection, Trigger Point Injection Right Shoulder, and Office Visit to administer injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Major Joint Injection Right Shoulder: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder Criteria for Steroid injection.

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

Decision rationale: The 56 year old patient is status post revision acromioplasty and rotator cuff repair 5 months prior to this report dated 02/12/15. The request is for MAJOR JOINT INJECTION, RIGHT SHOULDER. There is no RFA for this case, and the patient's date of injury is 12/06/10. The patient continues to experience pain, weakness and cramping in her trapezius muscle and burning pain in the scapular area, as per progress report dated 02/12/15. The patient has not been able to work due to her restrictions. 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 this case, none of the progress reports document the request. The patient is status post right shoulder surgery and is improving with exercise, therapy and ice. While the treater does not discuss the purpose, ODG guidelines support the use of joint injections for reducing pain and increasing function. Hence, the request IS medically necessary.

Office visit to administer injection: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - Pain Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

Decision rationale: The 56 year old patient is status post revision acromioplasty and rotator cuff repair 5 months prior to the report date, as per progress report dated 02/12/15. The request

is for OFFICE VISIT TO ADMINISTER INJECTION. There is no RFA for this case, and the patient's date of injury is 12/06/10. The patient continues to experience pain, weakness and cramping in her trapezius muscle and burning pain in the scapular area, as per progress report dated 02/12/15. The patient has not been able to work due to her restrictions. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In this case, none of the progress reports discuss the request. The patient suffers from shoulder pain and has been authorized for a major joint injection. Consequently, the request for an office visit to administer injection IS medically necessary.

Trigger Point Injection Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: The 56 year old patient is status post revision acromioplasty and rotator cuff repair 5 months prior to the report date, as per progress report dated 02/12/15. The request is for TRIGGER POINT INJECTION, RIGHT SHOULDER. There is no RFA for this case, and the patient's date of injury is 12/06/10. The patient continues to experience pain, weakness and cramping in her trapezius muscle and burning pain in the scapular area, as per progress report dated 02/12/15. The patient has not been able to work due to her restrictions. The MTUS Guidelines, on page 122, state that "trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended." Trigger point injections are commonly recommended for low back or neck pain when the patient has trigger points or a twitch response. Additionally, the patient should fail conservative care. In this case, the request is for shoulder TPI. The treater does not explain the purpose. Additionally, the patient is improving slowly with therapy and home exercises, as per progress report dated 02/12/15. Hence, the request IS NOT medically necessary.

Office Visit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

Decision rationale: The 56 year old patient is status post revision acromioplasty and rotator cuff repair 5 months prior to the report date, as per progress report dated 02/12/15. The request is for OFFICE VISIT. There is no RFA for this case, and the patient's date of injury is 12/06/10. The patient continues to experience pain, weakness and cramping in her trapezius muscle and burning pain in the scapular area, as per progress report dated 02/12/15. The patient has not been able to work due to her restrictions. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In this case, none of the progress reports discuss the request. The request for TPI of shoulder has not been authorized. Consequently, the request for office visit IS NOT medically necessary.