

Case Number:	CM15-0099020		
Date Assigned:	06/01/2015	Date of Injury:	08/06/2014
Decision Date:	07/07/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/22/2015

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 49-year-old male, who sustained an industrial injury on August 6, 2014. He reported shoulder pain after pushing an object at work. The injured worker was diagnosed as having acromioclavicular joint arthritis, shoulder impingement syndrome and cervical radiculopathy. Treatment to date has included radiographic imaging, diagnostic studies, physical therapy, and injections to the shoulder, medications and work restrictions. Currently, the injured worker complains of left shoulder pain, upper back pain and left hand pain with associated pain, numbness and tingling of the left hand. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Magnetic resonance imaging of the shoulder in 2014 revealed a partial thickness tear and shoulder joint hypertrophy. Radiographic imaging in 2014 revealed disc protrusions. He reported no benefit with previous shoulder injections. Evaluation on January 23, 2015, revealed continued pain as noted. Electrodiagnostic studies on March 13, 2015, of the upper extremities revealed no evidence of radiculopathy. Evaluation on March 24, 2015, revealed continued pain. Surgical intervention of the shoulder was discussed and it was noted multiple conservative therapies had failed. Ultrasound guided injection of the left shoulder was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat ultrasound guided injection to the left 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, Steroid 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, Ultrasound guidance for shoulder injections Shoulder chapter, under Steroid injections.

Decision rationale: The patient presents with neck and LEFT shoulder pain. The request is for REPEAT ULTRASOUND GUIDED INJECTION TO THE LEFT SHOULDER. The request for authorization is dated 04/23/15. The patient is status-post LEFT shoulder injection, 01/21/15. MRI of the LEFT shoulder, 12/03/14, shows partial-thickness delamination tearing of the supraspinatus with thinning of the posterior portion of the ten, modest cuff muscular atrophy; the subscapularis insertion is frayed with a small split; degenerated AC joint; glenohumeral capsulitis. Physical examination of the shoulder reveals tenderness to palpation at both the AC joint as well as the anterolateral capsule/rotator cuff. Painful arc of motion. Rotator cuff weakness. Neuro-circulatory status is intact. He has been treated conservatively thus far including medications, activity modifications, physical therapy and even injection, none of which has solved his problem. Patient's medication includes Norco. Per progress report dated 04/23/15, the patient is on modified work. 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." Treater does not discuss the request. In this case, the patient previously underwent a LEFT shoulder injection on 01/21/15. Per progress report dated 02/18/05, treater notes, "it is worthwhile to note that even under ultrasound guidance, so that we can be sure the injections were placed in the proper location, he still says he received no benefit whatsoever." However, the treater does not explain why a repeat injection is needed when the patient received no benefit. Nevertheless, ODG guidelines do not support the use of ultrasound for shoulder injections. Therefore, the request IS NOT medically necessary.