MAXIMUS Federal Services

Case Number:	CM14-0149873		
Date Assigned:	09/18/2014	Date of Injury:	01/14/2013
Decision Date:	10/21/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/15/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 52-year-old male who reported an injury on 01/14/2013. He reportedly fell at work and sustained injuries to his low back and shoulders. The injured worker's treatment history included studies, medications, epidural steroid injections, and Supartz injections into the shoulder. The injured worker was evaluated on 07/21/2014, and it is documented the injured worker complained of left shoulder related to osteoarthritis. The injured worker had undergone Supartz injections into the shoulder in the past, and was provided significant relief. He recently had a glenohumeral cortisone injection with relief in 04/2014. However, the pain had returned. Physical examination revealed no chest pain, shortness of breath, or dizziness. There was no deformity of the left shoulder. Range of motion revealed forward elevation at 140 degrees, horizontal abduction at 70 degrees, and external rotation at 20 degrees. The injured worker was neurovascularly intact distally. The provider noted the injured worker underwent another Supartz injection. The injured worker responded well in the recently to cortisone. The provider noted that he thought the injured worker would be better off with a cortisone injection once a year, as cortisone could be detrimental to the soft tissues and complicate management of arthroplasty. Diagnoses included left shoulder, shoulder pain. The Request for Authorization dated 08/18/2014 was for 1 request for an ultrasound guided injection of the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 request for ultrasound guided injection of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.

Decision rationale: The request for 1 ultrasound guided injection of the left shoulder is not medically necessary. California MTUS/ACEOM state that subacromial steroid injections is recommended as an option. Invasive techniques have limited proven value. If pain with elevation significantly limits activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy (i.e., strengthening exercises and nonsteroidal anti-inflammatory drugs) for two to three weeks. The evidence supporting such an approach is not overwhelming. The total number of injections should be limited to three per episode, allowing for assessment of benefit between injections. Some small studies have supported using acupuncture, but referral is dependent on the availability of experienced providers with consistently good outcomes. The documents submitted for review lacked evidence of conservative care measures to include physical therapy and pain medication relief. The documents submitted indicated the injured worker receiving Supartz injections in the left shoulder. However, long term functional goals were not submitted for review after injured worker receives injections. As such, the request for 1 request for ultrasound guided injection of the left shoulder is not medically necessary.