

Case Number:	CM14-0155736		
Date Assigned:	09/25/2014	Date of Injury:	11/30/2000
Decision Date:	11/05/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/23/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 52-year-old man who sustained a work related injury on November 30, 2000. Subsequently, he developed chronic neck and left shoulder pain. In 2001, the patient had left shoulder arthroscopy rotator cuff repair and acromioplasty and probable labrum repair. His shoulder pain continued and in 2002 he had biceps tendon surgery. His problem persisted so in 2009 he had C5-7 anterior cervical fusion followed by a C6-7 revision anteriorly in 2011 and a C6-7 fusion posteriorly in 2012. The patient had on April 1, 2014 an MRI evaluation of the left shoulder that revealed partial tears of supraspinatus and infraspinatus tendons and a SLAP tear of type II/IV. An EMG/NCV study of both upper extremities performed in July 8, 2014 stated that the patient has right mild CTS and bilateral cubital tunnel syndrome. There is also further findings in terms of possible C6 radiculopathy and also thoracic outlet syndrome. According to the report of August 29, 2014, the patient was complaining of neck and left shoulder pain. His pain level is 5-7/10. His physical examination revealed toe and heel walk is within normal limits. He walks without a limp. Range of motion of the lumbar spine was decreased. Neck range of motion is restricted. Spurling's test is negative bilaterally. Deep tendon reflexes reveal 3+, knee jerk 1+, ankle 1+ biceps, triceps, and brachial radialis symmetric reflex. Shoulder examination revealed subacromial space tenderness and mild AC tenderness. Positive O'Brien's test on the left and negative on the right. Positive impingement sign. The patient was diagnosed with left shoulder recurrent partial rotator cuff tears of supraspinatus and infraspinatus and C3-4 herniated disc with moderate stenosis. The provider requested authorization Left Shoulder Injection, Ultrasound-guided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Injection, Ultrasound-guided: 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), Treatment Index, 11th Edition (web), 2014, Shoulder, Steroid Injections

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Shoulder Complaints, Page(s): 213.

Decision rationale: According to MTUS guidelines, 2 or 3 subacromial injections of local anesthetics and cortisone preparation over an extended period as a part of an exercise rehabilitation program to treat rotator cuff inflammation, impingement syndrome, or small tear is recommended. It is also recommended as diagnostic lidocaine injections to distinguish pain sources in the shoulder area. There is no specific recommendation to use ultrasound or use of fluoroscopy. In this case, there is no clear documentation of failure of adequate trials of conservative therapies. Furthermore it is not clear that the injections are a part of an exercise rehabilitation program. Therefore the request for left shoulder injection under ultrasound guidance is not medically necessary.