

Case Number:	CM14-0156766		
Date Assigned:	09/26/2014	Date of Injury:	10/10/2012
Decision Date:	11/03/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/24/2014

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 & 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 patient is a 53-year-old female who has submitted a claim for chronic left shoulder impingement and rotator cuff tendonitis, and left shoulder AC joint arthritis; associated with an industrial injury date of 10/10/2012. Medical records from 2012 to 2014 were reviewed and showed that patient complained of left shoulder pain. The patient has had a subacromial joint injection on 05/19/2014 and had better ROM and less pain for a couple of months. Physical examination showed tenderness of the left acromioclavicular joint and subacromial space. Range of motion of the left shoulder was decreased. Impingement and AC joint compression tests were positive. Rotator cuff strength was grossly intact. Treatment to date has included medications, physical therapy, and injection therapy. Utilization review, dated 09/12/2014, denied the retrospective request for ultrasound guided subacromial shoulder injection because there was improvement activity ability and pain following a previous injection, although there was no medical evidence of increased benefit from ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: DOS 9/4/14 Ultrasound guided subacromial shoulder injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Steroid injections

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines (ODG) was used instead. The ODG states that while there is some evidence that the use of imaging improves accuracy, there is no current evidence that it improves patient-relevant outcomes. The Cochrane systematic review on this concluded that, although 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 to justify the significant added cost. In this case, the patient complains increasing left shoulder pain despite physical therapy. The patient has had previous subacromial injection, and was noted to have had better range of motion and less pain for a couple of months. Physical examination showed left subacromial space tenderness, reduced ROM, and positive impingement and AC joint compression tests. The medical necessity for steroid injection seems apparent. However, guidelines do not recommend ultrasound guidance as stated above. Therefore, the retrospective request for ultrasound guided subacromial shoulder injection DOS 09/04/14 is not medically necessary.