

<b>Case Number:</b>	CM13-0042442		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/21/2011
<b>Decision Date:</b>	04/28/2014	<b>UR Denial Date:</b>	09/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/18/2013

### 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 Occupational Medicine 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:

This patient reported a 6/21/11 date of injury. 10/11/13 progress note states that the patient has increased right shoulder pain with weakness and functional loss. She has right shoulder tenderness to palpation over the subacromial region, acromioclavicular joint, and periscapular musculature. She has positive impingement test and cross arm test. There is grade 4/5 muscle weakness in flexion, abduction, and external rotation. The patient is s/p right shoulder arthroscopy on 8/31/12. Radiograph of the right shoulder 7/17/13 demonstrated small calcifications of the biceps tendon. The patient has participated in activity modification, medications, acupuncture, and home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE ULTRASOUND-GUIDED RIGHT SHOULDER SUBACROMIAL INJECTION:**  
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).

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

**Decision rationale:** CA MTUS does not address shoulder injections specifically. ODG states that for rotator cuff disease, corticosteroid injections may be superior to physical therapy interventions for short-term results, and a maximum of three are recommended. If pain with elevation is significantly limiting activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy (i.e., strengthening exercises and NSAIDs) for two to three weeks, but the evidence is not yet overwhelming, and the total number of injections should be limited to no more than three. While the records indicate that the patient has failed to have resolution of right shoulder complaints with acupuncture and home exercise, it is not entirely clear that the patient has exhausted strengthening attempts with a course of active therapy since the 8/31/12 right shoulder arthroscopy. Without evidence of failure of strengthening attempts, the injection is not medically necessary.