

<b>Case Number:</b>	CM13-0043857		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/07/2010
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### 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 Orthopedic Surgery, 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 is a 34-year-old who was injured in a work-related accident on 10/7/10. The clinical records provided for review include a 9/12/13 progress report noting continued complaints of right shoulder and left knee pain. Physical examination showed restricted range of motion of the shoulder at end points with positive crepitation and impingement. Examination of the knee showed full range of motion with tenderness over the medial joint line. Treatment included medication management, activity restrictions, and work modifications. Injections to both the right shoulder and left knee were recommended at that time to be performed under fluoroscopic guidance. The report of an MRI of the left knee identified lateral femoral condylar and intracondylar notch chondral changes. The report of an MRI of the right shoulder showed subacromial and subdeltoid bursitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LEFT KNEE INJECTION UNDER FLUOROSCOPIC GUIDANCE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

**Decision rationale:** Based upon the California ACOEM Guidelines and supported by the Official Disability Guidelines, the request for the injection to the knee under fluoroscopic guidance would not be indicated. While an injection of the knee would be appropriate, there is currently no guideline criteria that would support the role of fluoroscopic guidance for use with the injection. While recent studies have shown this has improved intraarticular needle position, there are still no studies showing that it is more efficient to use fluoroscopic guidance from an outcome standpoint. The request in this case would not be supported as medically necessary.

**RIGHT SHOULDER JOINT INJECTION UNDER FLUOROSCOPIC GUIDANCE:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

**Decision rationale:** Based on California ACOEM Guidelines and supported by the Official Disability Guidelines, the request for fluoroscopically guided right shoulder injection would not be indicated. While injection therapy would be indicated for this individual, there is currently no guideline recommendation to support the role of fluoroscopic guidance. There are still no high-quality studies that show improvement from fluoroscopic injection changing outcome versus standard anatomical-based injections alone. The request in this case would not be supported as medically necessary.