

Case Number:	CM14-0153682		
Date Assigned:	09/23/2014	Date of Injury:	03/08/2007
Decision Date:	12/24/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/19/2014

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 Internal 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:

Pursuant to the progress note dated August 26, 2014, the IW (injured worker) complains of neck pain and right shoulder pain. Pain level is increased since last visit. Sleep quality is poor. Activity level has increased. Physical examination revealed right shoulder Speed's test is positive. On palpation, tenderness is noted in the biceps groove. The diagnosis was shoulder pain. Current medications include Lidoderm patch 5%, Zanaflex 2mg, Celebrex 200mg, Lyrica 75mg, and Tylenol #3. The IW received a right bicipital groove steroid injection with ultrasound guidance on August 26, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound Guided (Right) Biceps Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Pursuant to the Official Disability Guidelines, ultrasound guidance right biceps tendon injections is not medically necessary. The guidelines indicate in the shoulder,

conventional anatomical guidance by an experienced clinician is generally adequate. While ultrasound guidance may improve the accuracy of injection to the putative site of pathology, it is not clear that this improves its efficacy. In this case, the injured worker 63 years old the date of injury March 8, 2007. He is status post left shoulder surgery June 25, 1997 and status post right shoulder rotator cuff repair with the resection of distal clavicle September 24, 2007, and status post left shoulder injury January 15, 1997 with subsequent open rotator cuff repair February 2, 2009. The guidelines state while ultrasound guidance may improve the accuracy of the injection it is not clear this improves its efficacy. Consequently, Ultrasound Guidance Right Biceps Tendon Injection is not medically necessary.