

<b>Case Number:</b>	CM14-0162285		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	08/21/2012
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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 and Rehabilitation, has a subspecialty in Pain 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 is a patient with a date of injury of 8/21/12. A utilization review determination dated 9/17/14 recommends non-certification of PT and injections. 9/2/14 medical report identifies discomfort in the bilateral shoulders and elbows as well as numbness and tingling in the right hand and forearm, which began recently. On exam, there is shoulder tenderness anteriorly. The patient does not wish to undergo any type of invasive treatment or surgery. Recommendations include PT and ultrasound guided injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Eight (8) Physical therapy sessions for left shoulder and bilateral elbows: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 474.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99 of 127.

**Decision rationale:** Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend up to 10 sessions with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. Within the documentation available for review, it appears that the patient has completed prior PT sessions,

but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. In light of the above issues, the currently requested eight (8) Physical therapy sessions for left shoulder and bilateral elbows are not medically necessary and appropriate.

**Ultrasound guided injection for left shoulder and right elbow: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 204, 22-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Steroid injections and Elbow Chapter, Injections (corticosteroid)

**Decision rationale:** Regarding the request for Ultrasound guided injection for left shoulder and right elbow, CA MTUS states that, for the shoulder, "Invasive techniques have limited proven value. If pain with elevation significantly limits activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy (i.e., strengthening exercises and non-steroidal anti-inflammatory drugs) for two to three weeks." ODG notes 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 was unable to establish any advantage in terms of pain, function, shoulder range of motion or safety, of ultrasound-guided glucocorticoid injection for shoulder disorders over either landmark-guided or intramuscular injection. They 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." Regarding the elbow, CA MTUS does support the use of injection, but ODG does note that it is "not recommended as a routine intervention for epicondylitis, based on recent research." Within the documentation available for review, current findings for the shoulder and elbow are not identifying other than the presence of shoulder tenderness. Furthermore, while there is some support for the use of injection in rotator cuff pathology and epicondylitis, there is no clear rationale identifying the medical necessity of ultrasound guidance for this patient given the lack of evidence-based support for its use. In light of the above issues, the currently requested Ultrasound guided injection for left shoulder and right elbow is not medically necessary and appropriate.