

<b>Case Number:</b>	CM14-0163120		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	11/24/2010
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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 Occupational Medicine and is licensed to practice in Montana. 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 injured worker was a bus driver with a date of injury of 11/24/10. His complaints are felt to be more likely related to cumulative trauma related to work activities. He has had complaints of cervical pain radiating into the upper extremities and low back pain radiating to the legs. Other complaints have been hip pain and bilateral shoulder pain. His shoulder diagnoses are rotator cuff tendinitis and impingement syndrome. He has a history of previous shoulder surgeries and multiple corticosteroid injections. Additional treatment for the shoulder conditions has included physical therapy and chiropractic treatment, which has been significantly helpful. His most recent bilateral shoulder injections were on 05/09/14. The primary treating physician has requested corticosteroid injections for the bilateral shoulders QTY: 2.00, and Ultrasound guidance, bilateral shoulders QTY: 1.00.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Corticosteroid injections for the bilateral shoulders QTY: 2.00: 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), Integrated Treatment/Disability Duration Guidelines, Shoulder (Acute & Chronic), Steroid Injections.

**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 Official Disability Guidelines (ODG) recommended steroid injections of the shoulder, up to three injections. Steroid injections compared to physical therapy seem to have better initial but worse long-term outcomes. Criteria for Steroid injections includes diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems, except for post-traumatic impingement of the shoulder; not controlled adequately by recommended conservative treatments (physical therapy and exercise, NSAIDs or acetaminophen), after at least 3 months; pain interferes with functional activities (e.g., pain with elevation is significantly limiting work); intended for short-term control of symptoms to resume conservative medical management; generally performed without fluoroscopic or ultrasound guidance; only one injection should be scheduled to start, rather than a series of three; a second injection is not recommended if the first has resulted in complete resolution of symptoms, or if there has been no response; with several weeks of temporary, partial resolution of symptoms, and then worsening pain and function, a repeat steroid injection may be an option; and the number of injections should be limited to three. In this case the medical records do not clarify the total number of shoulder injections the injured worker has received. They do state that he has "done well" with injections and physical therapy but chiropractic treatment helped significantly. Additional chiropractic treatment has been approved and the primary treating physician has noted that, after additional chiropractic treatments, the injured worker would be at maximal medical improvement. As such, the request for corticosteroid injections of the bilateral shoulders is not medically necessary.

**Ultrasound guidance, bilateral shoulders QTY: 1.00:** 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, Steroid injections

**Decision rationale:** The Official Disability Guidelines (ODG) note that glucocorticoid injection for shoulder pain has traditionally been performed guided by anatomical landmarks alone, and that is still recommended. With the advent of readily available imaging tools, such as ultrasound, image-guided injections have increasingly become more routine. While there is some evidence that the use of imaging improves accuracy, there is no current evidence that it improves patient-relevant outcomes. 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. A recent meta-analysis confirms this. While there was a statistically significant difference in pain and abduction between landmark-guided and US-guided steroid injections for adults with shoulder pathology, these differences were small and do not represent clinically useful effects. In this case the request for the bilateral shoulder injections is not medically necessary. Additionally, the request for ultrasound guidance for bilateral shoulder

injections is not supported by the guidelines noted above. As such, this request is not medically necessary.