

<b>Case Number:</b>	CM14-0169020		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	05/02/2006
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 Anesthesia, has a subspecialty in Pain Medicine and is licensed to practice in Massachusetts. 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:

According to the documents available for review, the patient is an injured female worker. The date of injury is May 2, 2006. The patient sustained an injury to the lumbar spine and right shoulder. The specific mechanism of injury was not fully elaborated on in the notes available for review. The patient currently complains of pain in the right shoulder, worse with movement and activity involving the right shoulder. The patient is maintained on the multimodal pain medication regimen including tramadol . A request for right shoulder subacromial injection with ultrasound was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder Subacromial Injection Ultrasound Guidance:- Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.

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

**Decision rationale:** According to the ACOEM guidelines, chapter 9, shoulder complaints, injections of corticosteroids or local anesthetics or both should be reserved for patients who do not improve with more conservative therapies. According to the documents available for review, there is no indication that the patient has tried and failed conservative therapies such as NSAIDs,

physical therapy, range of motion exercises, and pain medications. Therefore at this time the requirements for treatment have not been met and medical necessity has not been established.