

Case Number:	CM14-0169665		
Date Assigned:	10/17/2014	Date of Injury:	05/06/2013
Decision Date:	11/20/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	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 Pain Management and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 48 year old female with an injury date of 06/06/13. Based on the 08/20/14 progress report provided by [REDACTED], the patient complains of bilateral upper extremity pain and right hand tingling and numbness. Physical examination to the bilateral shoulders revealed tenderness over trapezius muscle with spasm. Full range of motion and no instability. Negative Impingement sign, Sulcus sign, Speed's, Yergason's and Liftoff tests. Examination to the right hand revealed positive Tinel's, Phalen's and median nerve compression tests. Treater states in progress report 08/20/14 that in regards to her right elbow, since she has not responded to physical therapy, she is now a candidate for Ultrasound Guided Corticosteroid Injection. Diagnosis on 08/20/14 included:- bilateral shoulder strains- right elbow lateral epicondylitis- right carpal tunnel syndrome -clinically Dr. [REDACTED] is requesting ultrasound guided right shoulder Cortisone Injection. The utilization review determination be challenged is dated 09/17/14. The rationale is "patient has a normal examination of the shoulder and has no positive provocative test to suggest either bicipital tendinitis or rotator cuff tendinitis or subacromial bursitis." [REDACTED] is requesting provider and provided treatment reports from 03/12/14 - 09/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound Guided Right Shoulder Cortisone Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 5th Edition, 2007, Shoulder-Injections

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder (Acute & Chronic) chapter, Steroid injections

Decision rationale: The patient presents with bilateral upper extremity pain and right hand tingling and numbness. The request is for ultrasound guided right shoulder Cortisone Injection. Diagnosis dated 08/20/14 includes bilateral shoulder strains. ODG Guidelines, Shoulder (Acute & Chronic) chapter, Steroid injections states: "ODG guidelines on shoulder steroid injection: Criteria for Steroid injections: - Diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems, except for post-traumatic impingement of the shoulder;" Treater states in progress report 08/20/14 that in regards to her right elbow, since she has not responded to physical therapy, she is now a candidate for ultrasound guided corticosteroid injection. It does not appear that the patient has had cortisone injection into the shoulder in the past and injection is reasonable. Although, this injection is reasonable, ODG guidelines do not support the use of ultrasound guidance. Therefore, the requested Ultrasound Guided Right Shoulder Cortisone Injection is not medically necessary.