

<b>Case Number:</b>	CM14-0022217		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	09/02/2013
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	01/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 & Rehabilitation and is licensed to practice in Illinois. 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 is a 50-year-old female with a reported injury on 09/02/2013. The mechanism of injury was not provided within the clinical notes. The clinical note dated 11/25/2013, reported that the injured worker complained of right shoulder, right elbow, right hip, and cervical pain. The physical examination revealed minimal tenderness of the right paravertebral and upper trapezius muscles. There were mild muscle spasms noted. The examination of the injured worker's right shoulder revealed mild tenderness to palpation over the trapezius muscles. The range of motion of the right shoulder demonstrated flexion to 150 degrees, abduction to 150 degrees, and extension to 65 degrees. The injured worker's diagnoses included right shoulder strain, cervical strain, right elbow contusion, right hip contusion, and lumbar strain. The injured worker's prescribed medication list included ibuprofen. The treatment physician requested ultrasound guided injection for the right shoulder. The rationale was not provided within the clinical notes. The Request for Authorization was submitted on 02/21/2014. The injured worker's prior treatments were not provided within the clinical notes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ULTRASOUND GUIDED INJECTION FOR THE RIGHT SHOULDER: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Steroid injections.

**Decision rationale:** The injured worker complained of pain to the right. The treating physician's rationale for the ultrasound guided injection of the right shoulder was not provided within the clinical notes. The California MTUS/ACOEM states 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 nonsteroidal anti-inflammatory drugs) for two to three weeks. The evidence supporting such an approach is not overwhelming. The total number of injections should be limited to three per episode, allowing for assessment of benefit between injections. The Official Disability Guidelines recommend up to three steroid injections to the shoulder. Diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems, except for post-traumatic impingement of the shoulder. If shoulder pain/discomfort is not controlled adequately by recommended conservative treatments (physical therapy and exercise, NSAIDs or acetaminophen), after at least 3 months; Pain interferes with functional activities (eg, 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. There is a lack of clinical information indicating the injured worker's pain was unresolved with conservative care to include physical therapy, home exercise, and/or oral medication therapy. There is a lack of clinical evidence indicating that the injured worker has adhesive capsulitis, impingement syndrome, or rotator cuff problems. Given the information provided, there is insufficient evidence to determine appropriateness of ultrasound guided injection to the shoulder to warrant medical necessity. As such, the request is not medically necessary.