

<b>Case Number:</b>	CM14-0023051		
<b>Date Assigned:</b>	05/14/2014	<b>Date of Injury:</b>	06/22/2008
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 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:

Patient is a 57 year-old female with date of injury 06/22/2008. The medical report associated with the request for authorization, a primary treating physician's progress report, dated 01/21/2014, lists subjective complaints as intermittent pain in the right shoulder described as a "pins and needles" sensation. Patient has completed 3-4 of 12 sessions of physical therapy. She stopped physical therapy due to pain. She did return to physical therapy for 8 sessions which did not help. The patient has had several cortisone injections, one every 3 months, which helped for about 2 years and then stopped working. Objective findings: Examination of the right shoulder revealed decreased active range of motion due to pain; flexion 100, abduction ER 40 IR 25. Passive motion beyond 10 degrees was more intolerable. No tenderness to palpation was noted. Sensation was normal to light tough and muscle strength was 5/5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DIAGNOSTIC ULTRASOUND GUIDED R SHOULDER INJECTION:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Ultrasound, diagnostic.

**Decision rationale:** Careful reading of the request for authorization on 01/24/2014 and the associated chart note revealed that the request was not for an injection under ultrasound guidance, but for a diagnostic ultrasound of the right shoulder. The patient had had a number of injections into the right shoulder which ultimately stopped alleviating her pain. After her final injection, she refused any more. The last diagnostic study of the right shoulder was an MRI dated 05/29/2012 which showed tendinopathy of the supraspinatus tendon. With the patient's history of continued right shoulder pain, intra-articular steroid injections which were no longer efficacious, and the last imaging study of her shoulder being 19 months previous, an additional imaging study is very reasonable. Diagnostic ultrasound of the shoulder is recommended by the Official Disability Guidelines. Therefore, the request for diagnostic ultrasound guided R shoulder injection is medically necessary and appropriate.

**TOPICAL PAIN GEL R SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESIC.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 111-112.

**Decision rationale:** There is no specific medication listed in the request for authorization. As such, authorization cannot be granted. The request for Topical Pain Gel R Shoulder is not medically necessary and appropriate.