

<b>Case Number:</b>	CM14-0043337		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	06/02/2011
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### 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 and Rehabilitation 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 injured worker is a 38-year-old female who reported an injury on 06/02/2011, when she slipped and fell at work. The physician diagnosed her with right shoulder impingement. The physician assessed the injury and noted full range of motion, right shoulder impingement grades I and II, and pain rated 6/10. The injured worker tested positive for the Neer test I and II. The right shoulder flexion is up to 160 degrees and forward flexion is to 170 degrees. When placed on Naproxen, the injured worker noted her pain dropped to 2/10. The injured worker later informed the physician that the conservative care plan including three (3) injections did not help her condition with pain and weakness. The date, and type of injections were not included in paper work. An MRI of the right shoulder on 01/07/2014 revealed no torn rotator cuff and tendinopathy of the supra spinatus. On 01/20/2014, the physician noted full range of motion, positive impingement grade I, and full strength in the right rotator cuff muscle. The physician wishes to perform an ultrasound-guided sub-acromial cortisone injection. The request for authorization and rationale were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE (1) ULTRASOUND-GUIDED SUBACROMIAL CORTISONE INJECTION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211-214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Steroid Injections.

**Decision rationale:** The MTUS/ACOEM Guidelines state that prolonged or frequent use of cortisone injections into the sub-acromial space or the shoulder joint is not recommended. The use of a cortisone injection would thus fall outside the guidelines. The Official Disability Guidelines state that there is limited research to support the routine use of sub-acromial injections for pathologic processes involving the rotator cuff, but this treatment can be offered to patients. With the appearance 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. The Cochrane systematic review on this was unable to establish any advantage in terms of pain, function, and shoulder range of motion or safety, of ultrasound-guided glucocorticoid injection for shoulder disorders over either landmark-guided or intramuscular injection. They concluded that, although ultrasound guidance may improve the accuracy of injection to the assumed site of pathology in the shoulder, it is not clear that this improves its efficacy to justify the significant added cost. As such, the request is not medically necessary.