MAXIMUS Federal Services

| Case Number: | CM14-0047137 | | |
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| Date Assigned: | 07/02/2014 | Date of Injury: | 05/29/2009 |
| Decision Date: | 08/13/2014 | UR Denial Date: | 03/26/2014 |
| Priority: | Standard | Application Received: | 04/15/2014 |

## 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 California & Washington. 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 62-year-old female who reported an injury on 05/29/2009. The mechanism of injury is unknown. The injured worker had a history of bilateral shoulder pain. Upon examination on 02/26/2014, the injured worker complained of right greater than left shoulder pain. Her MRI from 12/17/2013 was positive for full thickness tear of the supraspinatus tendon near insertion. There was also a partial tear of the infraspinatus tendon. She was awaiting a right shoulder scope arthroscopic surgery, cuff repair at that time. Upon exam, the right shoulder was restricted and had painful range of motion. There was positive impingement test. There was tenderness over the greater tuberosity of the humerus with positive subacromial grinding and clicking. The injured worker had diagnoses of disc lesion of the cervical spine with radiculitis/radiculopathy, status post cervical epidural injections x 3 with transient relief, status post discogram on 04/09/2011, status post anterior cervical discectomy and fusion from C4 to C7, right iliac crest bone graft, 01/12/2013; right shoulder tendinitis impingement, positive full thickness tear of supraspinatus; left shoulder tendinitis impingement; and status post right shoulder arthroscopy on 06/30/2012. Diagnostic studies completed were an MRI of the neck with or without contrast on 11/08/2012, an EMG/NCV study on 08/23/2013, and an x-ray of the cervical spine on 03/17/2013. The injured worker's surgeries included status post discogram and fusion from C4 to C7 and right iliac crest bone graft on 01/12/2013. Other therapies included epidural injections x 3 to the cervical area. Prior treatments included failed conservative care therapy, rest, and medications. A medication list was not included within the documentation. The request is for ultrasound guided injection to the right shoulder. The request for authorization is dated 03/18/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultrasound guided injection to the right shoulder:** Upheld

**Claims Administrator 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.

**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, Steriod injections.

**Decision rationale:** The injured worker has a history of bilateral shoulder pain. The CA MTUS/ACOEM Guidelines state when pain with elevation significantly limits activities, subacromial injection of local anesthesia and corticosteroids may be indicated after conservative care for 2 or 3 weeks. Also, the Official Disability Guidelines (ODG) state while there is some evidence that the use of imaging improves accuracy, there is no current evidence that it improves patients' relevant outcomes. The patient continued to have right shoulder pain despite physical therapy, medications, and rest. The request did not specify the type of shoulder injection to be given. Also, the Guidelines note that there is no current evidence that ultrasound improves patients' relevant outcome with injection. As such, the request for Ultrasound-guided injection to the right shoulder is not medically necessary.