

<b>Case Number:</b>	CM14-0060352		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	03/09/2012
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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:

The patient is a 61 year-old female with date of injury 03/09/2012. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 03/12/2014, lists subjective complaints as ongoing pain in the left shoulder. Objective findings: Physical examination of the left shoulder revealed full passive motion except for 10 degree loss of internal and external rotation. Weakness was noted throughout all planes. Diagnoses are status-post left shoulder arthroscopy, extensive glenohumeral debridement and subacromial decompression. An MRI of the left shoulder performed on 07/28/2012 was unremarkable.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultrasound guided cortisone injection to the left shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, 2nd Edition 2008, Shoulder Complaints, Pages 561-563 and Official Disability Guidelines (ODG), Shoulder, (updated 1/20/14), Steroid Injections.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213.

**Decision rationale:** The California MTUS states that 2 or 3 subacromial injections of local anesthetic and cortisone preparation over an extended period as part of an exercise rehabilitation program to treat rotator cuff inflammation, impingement syndrome, or small tears may be recommend. There is, however, no provision for ultrasound guidance. Needle placement for a shoulder injection is typically determined using landmarks. Therefore the request is not medically necessary.