

<b>Case Number:</b>	CM14-0085348		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	12/05/2007
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 Family Medicine and is licensed to practice in North Carolina. 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 56-year-old with a reported date of injury of 09/07/2011. The patient has a diagnosis of meniscal tear of the right knee. The progress reports by the primary treating physician dated 07/14/2014 and the treating orthopedic surgeon dated 02/10/2014 only make mention of the reported knee pain. Per the utilization review, an office visit dated 03/25/2014; the patient had complaints of left shoulder, left elbow and left upper back pain. The physical exam reported to show tenderness to palpation over the trapezius region, the greater tuberosity and the bicipital groove. A recommendation for ultrasound guided cortisone and Lidocaine injection of the left shoulder and acupuncture of the left trapezius and physical therapy of the left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Ultrasound Guided Cortisone and Lidocaine Injection, left shoulder x 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (updated 03/31/14) Steroid injections.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder; steroid injections.

**Decision rationale:** Per the ACOEM section on shoulder complaints, Invasive techniques have limited proven value. If pain with elevation significantly limits activities, as subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy for 2-3 weeks. The ODG states that shoulder injections are generally performed without fluoroscopic or ultrasound guidance. In the absence of provided progress notes indicating a reason for ultrasound guidance rather than traditional injection as well as evidence of failure of 2-3 weeks of conservative therapy, the requested service cannot be certified. Such as, an Ultrasound Guided Cortisone and Lidocaine Injection, left shoulder x 1 is not medically necessary.