

<b>Case Number:</b>	CM14-0169799		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	01/23/2001
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, shoulder, and wrist pain reportedly associated with an industrial injury of January 23, 2001. In a Utilization Review Report dated October 1, 2014, the claims administrator failed to approve a request for a shoulder MRI, invoking non-MTUS ODG guidelines. The claims administrator partially approved a request for a shoulder corticosteroid injection under ultrasound guidance to a shoulder corticosteroid injection alone, without ultrasound guidance. The claims administrator stated that its decision was based on a September 24, 2014 RFA form and an associated progress note of September 19, 2014. The applicant's attorney subsequently appealed. In a progress note dated September 23, 2014, the applicant reported 9.5/10 neck and shoulder pain. The applicant was using Neurontin, tramadol, Relafen, Lidoderm, and Norco, it was noted. Shoulder range of motion was limited to approximately 50%. A shoulder corticosteroid injection was sought. The attending provider stated that shoulder MRI imaging and a surgical referral could also be considered, given the applicant's degree of shoulder pain and shoulder dysfunction. In a September 19, 2014 progress note, the applicant reported 9/10 neck and shoulder pain, constant, exacerbated by usage of the affected upper extremity. The applicant was using Neurontin, tramadol, Relafen, Lidoderm, and Norco. The applicant's worsening shoulder pain had become unbearable, the applicant posited. Shoulder range of motion was limited to 50% of normal with tenderness appreciated about the subacromial bursa. Permanent work restrictions were renewed while medications were endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of The Right Shoulder: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, Table 9-6, page 214, MRI imaging of the shoulder is "recommended" in the preoperative evaluation of partial thickness or full thickness rotator cuff tears. In this case, the applicant's presentation is compatible with a rotator cuff tear which has seemingly proven recalcitrant to time, medications, physical therapy, opioid therapy, etc. The attending provider indicated on September 23, 2014 that the applicant was considering a surgical referral, based on the outcome of the proposed shoulder MRI. Shoulder MRI imaging, thus, is likely to influence or alter the treatment plan and influence the applicant's decision to pursue shoulder surgery or not. Obtaining MRI imaging, thus, is indicated in the clinical context present here. Therefore, the request is medically necessary.

**Right Shoulder Subacromial Cortisone Injection Under Ultrasound Guidance: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. 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): 213. Decision based on Non-MTUS Citation American Academy of Family Physicians (AAFP), Ultrasound-Guided Steroid Injections for Shoulder Pain, Hitzeman et al, October 2013.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 213 does acknowledge that two or three subacromial corticosteroid injections are "recommended" over an extended period as part of a rehabilitation program to treat rotator cuff inflammation, impingement syndrome, or small tears, the MTUS does not address the topic of ultrasound guidance corticosteroid injections. However, as noted by the American Academy of Family Physicians (AAFP), ultrasound-guided corticosteroid injections provide no advance over landmark-guided or intramuscular injections in terms of pain, function, range of motion, or safety. In this case, the attending provider did not furnish any compelling applicant-specific rationale which would augment the tepid AAFP position on ultrasound-guided corticosteroid injections. The attending provider did not identify any applicant-specific characteristics which would compel the proposed ultrasound guidance. Since the ultrasound-guidance component of the request cannot be recommended, the entire request is not recommended. Therefore, the request is not medically necessary.

