

<b>Case Number:</b>	CM14-0187456		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	11/25/2013
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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:

Injured worker is a female with date of injury 11/25/2013. Per orthopedic consultation report dated 9/17/2014, the injured worker complains of cervical spine pain radiating into the upper shoulder and arms. Pain is rated 7/10. She states that the pain and symptoms increase with colder temperatures. On examination cervical spine range of motion is forward flexion 40 degrees, extension 45 degrees, rotation 55 degrees bilaterally, bending 40 degrees bilaterally. There is tenderness to palpation along cervical paraspinal musculature. Foramina compression test is positive. Diagnoses include 1) cervical spine strain/sprain, positive MRI, herniated cervical disc 2) right shoulder strain/sprain, positive MRI, tendinitis, impingement, partial cuff tear 3) right elbow strain/sprain, medical epicondylitis, status post injection 2/26/2014 4) right wrist strain/sprain, rule out internal derangement 5) right hand strain/sprain, rule out tendinitis, carpal tunnel syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 3 Initial Approaches to Treatment Page(s): 48, 204, 211.

**Decision rationale:** Per the MTUS Guidelines, injections of corticosteroids or local anesthetics or both should be reserved for patients who do not improve with more conservative therapies. Steroids can weaken tissues and predispose to reinjury. Local anesthetics can mask symptoms and inhibit long-term solutions to the patient's problem. If shoulder pain with elevation significantly limits activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy (i.e., strengthening exercises and nonsteroidal anti-inflammatory drugs) for two to three weeks. The evidence supporting such an approach is not overwhelming. The total number of injections should be limited to three per episode, allowing for assessment of benefit between injections. Conservative care for impingement syndrome, including cortisone injections, can be carried out for at least three to six months before considering surgery. The requesting physician explains that this request is to alleviate pain and discomfort in the shoulder. Although the injured worker has been diagnosed with right shoulder strain/sprain, positive MRI, tendinitis, impingement, partial cuff tear, the current complaints do not include shoulder complaints. The physical exam also does not identify any current signs of impingement, reduced range of motion, tenderness, or impaired function. Medical necessity of this request has not been established. The request for Ultrasound guided corticosteroid injection to the right shoulder is determined to not be medically necessary.