MAXIMUS Federal Services

Case Number:	CM14-0040304		
Date Assigned:	06/27/2014	Date of Injury:	05/25/2013
Decision Date:	03/05/2015	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/26/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 41 year old female who suffered a work related injury on 05/25/2013. She was on a step ladder pulling a case of product off the shelf when she was hit by a case on the right shoulder and she fell to the floor hitting her right side. The physician's progress note dated 12/12/2013 documents the Magnetic Resonance Imaging study of the right shoulder revealed significant abnormalities including tendinosis involving the supraspinatus, a cystic lesion anterior to the anterior superior labrum which would be associated with a tear, also degenerative changes involving the acromioclavicular joint, and capsular hypertrophy. She continues to have low back pain and pain into the right lower extremity. There is a painful arc of range of motion in the right shoulder. There is 3+ crepitus involving the acromioclavicular joint and marked tenderness over the subacromial bursa and acromioclavicular joint. There is pain with shoulder abduction against resistance. The injured worker treatment has included medication and a right shoulder injection. The request is for right shoulder injection with ultrasound guidance.A Utilization Review dated 01/27/2014 modified the request for right shoulder injection with ultrasound guidance. The reviewer reasoned that based on the clinical history provided the injured worker meets requirement for right shoulder injection. The injured worker has positive impingement, continued shoulder pain despite use of non-steroidal anti-inflammatory drugs, and a history of one previous steroid injection. California Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM) and Official Disability Guidelines do not specify for ultrasound guidance of shoulder injections. The request for ultrasound guidance is not certified based on the clinical summary and Official Disability

Guidelines. There is no current evidence of improvement of patient outcomes with the use of ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Shoulder Page(s): page 204. Decision based on Non-MTUS Citation Shoulder Chapter, image guidance

Decision rationale: The ACOEM Chapter on Shoulder Complaints mentions steroid injections, but does not specify whether it should be ultrasound guided or not. The Official Disability Guidelines states while there is some evidence that the use of imaging improves accuracy, there is no current evidence that it improves patient-relevant outcomes. The Cochrane systematic review on this was unable to establish any advantage in terms of pain, function, shoulder range of motion or safety, of ultrasound-guided glucocorticoid injection for shoulder disorders over either landmark-guided or intramuscular injection. They concluded that, although ultrasound guidance may improve the accuracy of injection to the putative site of pathology in the shoulder, it is not clear that this improves its efficacy to justify the significant added cost. Therefore, this request is not medically necessary.