

<b>Case Number:</b>	CM15-0000543		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	09/07/2010
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2015

### 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:

The injured worker is a 36 year old female, who sustained an industrial injury on September 7, 2010. She has reported gradual onset of neck pain with radiation to the right upper extremity, right shoulder pain, and right arm pain. The diagnoses have included cervical disc extrusion, rotator cuff sprain/strain, and upper extremity paresthesia. Treatment to date has included non-steroidal anti-inflammatory medication physical therapy, modified duties/activities, electrodiagnostic studies, and MRI of the cervical spine and right shoulder. Currently, the injured worker complains of gradual increasing pain of the right elbow and wrist, numbness and tingling into the hand 1-5th fingers, and decreased grip and grasp. On December 4, 2014 Utilization Review non-certified a prescription for right subacromial injection under ultrasound guidance 2 times a week for 3 weeks (6 total), noting the lack of documentation of conservative therapy completed to date, the guidelines do not support a series of 3 injections, and the number of injections requested exceeds the number recommended by the guidelines. The California Medical Treatment Utilization Schedule (MTUS), ACOEM (American College of Occupational and Environmental Medicine) Guidelines for Initial care and the Official Disability Guidelines (ODG) Shoulder (updated 10/31/14) for Steroid Injections was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Subacromial Injection Under Ultrasound Guidance 2 Times A Week for 3 Weeks:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

**Decision rationale:** Regarding the request for right subacromial injections, CA MTUS and ACOEM support the use of a subacromial injection if pain with elevation significantly limits activity following failure of conservative treatment for 2 or 3 weeks. They go on to recommend the total number of injections should be limited to 3 per episode, allowing for assessment of benefits between injections. Within the documentation available for review, there is no indication of pain with elevation that significantly limits activity following failure of conservative treatment for at least 2 weeks. Furthermore, the current request for 6 injections exceeds the recommendations of the guidelines and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested right subacromial injections are not medically necessary.