

<b>Case Number:</b>	CM15-0006394		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	11/15/2012
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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, Washington

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 62-year-old male who reported an injury on 11/15/2012. The mechanism of injury was noted to be the injured worker was lifting a sheet rock with dimensions of 10 feet x 22 inches weighing approximately 60 to 70 pounds and the sheetrock fell backwards prompting the injured worker to hold onto it with resultant severe pain. The injured worker was noted to have a prior injection, which produced 40% reduction pain for 1 month. The injured worker was status left shoulder arthroscopy, open rotator cuff repair, and reconstruction on 04/01/2013. The injured worker was noted to have an MRI of the shoulder, which revealed a full thickness tear with fiber retraction of the supraspinatus and subscapularis. There was a Request for Authorization submitted for review dated 01/28/2015. The documentation of 01/21/2015 revealed the injured worker had no new problems or side effects. The injured worker had left shoulder pain. The medications included ibuprofen 800 mg 1 twice a day and omeprazole DR 20 mg. The Hawkins test, Neer's test, and empty can sign test was positive in respect to the left shoulder. Diagnosis was shoulder pain. The diagnosis was shoulder pain. The treatment plan included an appeal of a left shoulder injection. The injured worker indicated that the past shoulder injection provided moderate pain relief for 1 month 60% to 70% pain relief initially which subsequently weaned over 3 months. The injured worker as noted to have failed physical therapy and surgical decompression. The request was made for the injection to correspond with a home exercise program for strengthening and stretching.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Shoulder Injection under Ultrasound Guidance: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder Chapter, Steroid Injections.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Ultrasound, diagnostic, Ultrasound guidance for shoulder injections.

**Decision rationale:** The American College of Occupational and Environmental Medicine indicate that invasive techniques have proven limited value. If pain with elevation significantly limits activities, a subacromial injection of local anesthetic and corticosteroid preparation may be indicated after conservative therapy for 2 to 3 weeks. The American College of Occupational and Environmental Medicine does not address ultrasound guidance. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that ultrasound guidance for shoulder injections may improve the accuracy; however, it is unclear if it improves efficacy. The clinical documentation submitted for review indicated the injured worker had a prior injection. The injured worker was noted to achieve 60% to 70% relief over 3 months. However, there was a lack of documentation indicating objective functional benefit that was received from the prior injection. Given the above, the request for left shoulder injection under ultrasound guidance is not medically necessary.