

<b>Case Number:</b>	CM15-0163581		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	09/19/2014
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 male who sustained an industrial injury on September 19, 2014 resulting in neck and bilateral shoulder pain. Diagnoses include right rotator cuff tear, right shoulder myoligamentous injury, and right shoulder sprain. Documented treatment per April 7, 2015 physician's report has included home electrical muscle stimulation helping to reduce use of medication, 8 visits of acupuncture with report of improvement, 30 visits of physical therapy with some improvement noted, and medication. The injured worker continues to present with right shoulder pain, and the treating physician's plan of care includes right shoulder subacromial injection under ultrasound guidance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder subacromial injection under ultrasound guidance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (updated 08/06/15) - Online version.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder-Steroid injections.

**Decision rationale:** Right shoulder subacromial injection under ultrasound guidance is not medically necessary per the MTUS Guidelines and the ODG. The MTUS states that a subacromial steroid injection can be used as an option for impingement syndrome but invasive techniques have limited proven value. If 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. The ODG states that glucocorticoid injection for shoulder pain has traditionally been performed guided by anatomical landmarks alone, and that is still recommended. With the advent of readily available imaging tools such as ultrasound, image-guided injections have increasingly become more routine. While there is some evidence that the use of imaging improves accuracy, there is no current evidence that it improves patient-relevant outcomes. The documentation does not reveal extenuating circumstances that would necessitate ultrasound guidance for this injection therefore this request is not medically necessary.