

<b>Case Number:</b>	CM15-0184612		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	05/10/2015
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 36 year old female whose date of injury was May 10, 2015. A physician's first report of occupational injury or illness on May 14, 2015 indicated the injured worker was treated for right degenerative tenosynovitis and right carpal tunnel syndrome. She reported acute right wrist pain with repetitive use following a heavy workload. She pulled her wrist and complained of paresthesia to the right distal median nerve. On physical examination, the injured worker had a positive Finkelstein, Tinel, and Phalen's test. She was intact neurovascularly. She was treated with a sling wrist brace-splint and returned to modified work duties on May 14, 2015. On July 7, 2015 the injured worker's pain was rated a 4 on a 10-point scale and she reported shoulder pain. The handwritten evaluation notes on July 7, 2015 were difficult to decipher. An x-ray of the right wrist on May 14, 2015 revealed soft tissue swelling with no definite acute fractures or subluxations. A request for authorization for outpatient ultrasound guided corticosteroid injection to the right shoulder was received on September 15, 2015. On September 18, 2015, the Utilization Review physician modified outpatient ultrasound guided corticosteroid injection to the right shoulder to corticosteroid injection to the right shoulder based on CA MTUS ACOEM.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient ultrasound-guided corticosteroid injection to the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder - Criteria for Steroid injections.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care.

**Decision rationale:** The California MTUS section on shoulder complaints states: 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 patient does not have documented limitations on exam or subjective complaints of overhead limitations in motion. Therefore, the request is not medically necessary.