

Case Number:	CM15-0196688		
Date Assigned:	10/12/2015	Date of Injury:	07/16/2014
Decision Date:	11/20/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/06/2015

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, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational 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 53 year old female who sustained an industrial injury on 7-16-2014. A review of medical records indicates the injured worker is being treated for right subscapularis tendinitis, cervical facet strain, and myofascial pain. Medical records dated 8-13-2015 noted chronic neck pain with radiation to bilateral shoulders, right greater than left. Pain was rated a 5 out of 10. It was worsened with kneeling, lifting, and carrying. It was alleviated with sitting and rest. Physical examination noted full range of motion in the right shoulder except with internal and external rotation, which was limited to 45 degrees. She had a positive liftoff test. Treatment has included 10 sessions of physical therapy and medical imaging. Utilization review form dated 9-9-2015 noncertified outpatient right shoulder injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder injection under ultrasound: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care, Follow-up Visits. Decision based on Non-MTUS Citation Soh E, Li W, Ong KO, Chen W,

Bautista D: Image-guided versus blind corticosteroid injections in adults with shoulder pain: A systematic review. *BMC Musculoskelet Disord* 2011; Jun 25; 12:137.

Decision rationale: From my review of the clinic records, the IW has persistent right shoulder pain despite conservative therapy including physical therapy and medications, which were not sufficiently effective. Physical exam findings include restricted range of motion and positive lift off test suggesting an impingement. According to ACOEM OMPG guidelines, steroid injection is appropriate in such a case where pain is persistent after conservative therapy and physical exam findings suggest impingement. Consequently, the requested injection is appropriate. Regarding US guidance versus landmark guidance, a study found that the group receiving an ultrasound-guided subacromial injection showed significantly greater improvement than the group with a blind injection. Patients in the ultrasound group demonstrated improved pain symptoms on VAS scale. Likewise, the change in mean shoulder function assessment score was also greater for the ultrasound group. Based on these findings the researchers concluded that image-guided corticosteroid injections should be the method of choice. Therefore, US guidance is medically necessary and appropriate.