

Case Number:	CM15-0201886		
Date Assigned:	10/20/2015	Date of Injury:	04/15/2015
Decision Date:	12/01/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/14/2015

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: 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 45-year-old female who sustained an industrial injury on 4-15-15. A review of the medical records indicates that the worker is undergoing treatment for cervical strain, resolved lumbar strain, and left shoulder impingement, possible supraspinatus tear. Subjective complaints (9-22-15) include pain in the entire axial skeleton and left shoulder. Objective findings (9-22-15) include cervical spine range of motion limited in rotation to the right and lateral tilt to the left, cranial vault compression to the left, absence of radiculopathy, significant restriction of the left shoulder in all planes, tenderness in the bicipital groove and over the humeral footprint and limited left shoulder exam secondary to pain. It is noted there no x-rays available and MRI has not been done yet. Work status is noted as modified work with restrictions. Previous treatment includes at least 11 visits of physical therapy, Corticosteroid injection to the subacromial space of the left shoulder 9-22-15, Naprosyn, and Flexeril. The requested treatment of ultrasound-left shoulder for possible reapplication of Cortisone injection-left shoulder was denied on 10-9-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound- Left Shoulder for possible reapplication of cortisone Injection-Left Shoulder:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 13th Edition, Web, 2015, Shoulder, Steroid Injection.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter/Steroid Injections Section.

Decision rationale: The MTUS guidelines do not address the use of ultrasound guidance for steroid injections. Per the ODG, 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. In this case, the injured worker had a previous steroid injection to the left shoulder without documentation of the outcome. The use of ultrasound guidance for injections is not proven to better patient outcomes. The request for ultrasound- left shoulder for possible reapplication of cortisone Injection-left shoulder is determined to not be medically necessary.