

<b>Case Number:</b>	CM15-0218436		
<b>Date Assigned:</b>	11/10/2015	<b>Date of Injury:</b>	01/20/2013
<b>Decision Date:</b>	12/24/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2015

### 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: Massachusetts

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:

This injured worker is a 50 year old female who reported an industrial injury on 1-20-2013. Her diagnoses, and or impressions, were noted to include: mild right tennis elbow syndrome, secondary to contusion. No imaging studies were noted. Her treatments were noted to include: a qualified medical evaluation (QME) on 10-27-2014; an orthopedic panel qualified medical evaluation on 11-25-2014; medication management; and modified work duties. The progress notes 3-4-2015 were hand written and difficult to decipher, but were noted to report: a re-evaluation following the QME who opined she had not met MMI, recommending EMG-NCS of the upper extremity, and MRI of the cervical spine and right shoulder. The objective findings were noted to include: right elbow tenderness of the lateral epicondyle, with positive (illegible), and decreased right grip. The physician's requests for treatment were noted to include: right elbow (illegible) epidural injection under ultrasound guidance. The Request for Authorization, dated 3-4-2015, was noted to include ultrasound guidance, or a right elbow epidural injection under ultrasound guidance. The Utilization Review of 9-30-2015 non-certified the request for 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:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Steroid injections.

**Decision rationale:** The claimant sustained a work injury in January 2013 when, while unwrapping a pallet, heavy boxes fell onto her. She was struck on the head, neck, and right shoulder. When seen, she was having worsening pain. She was having frequent the constant shoulder pain, increased with lifting. She was having difficulty sleeping. Physical examination findings included decreased shoulder range of motion. There was subacromial tenderness with crepitus on passive range of motion. Impingement testing and cross arm tests were positive. There was acromioclavicular joint tenderness and she had weakness. Anaprox and Fexmid were restarted. Authorization for an ultrasound guided subacromial injection was requested. The claimant's body mass index is nearly 32. A shoulder steroid injection is recommended as an option when shoulder pain is not controlled adequately by recommended conservative treatments including physical therapy, exercise, and medications after at least 3 months. In this case, the claimant has had conservative treatments and continues to have symptoms. Physical examination findings and complaints support the injection being requested. Although shoulder injections are generally performed without fluoroscopic or ultrasound guidance, there is some evidence that the use of imaging improves accuracy and in this case the claimant is obese which would make the injection more difficult if being done through use of landmarks alone. A misplaced injection would not be diagnostic and would not be expected to provide therapeutic benefit. On the other hand, if a misplaced injection did provide benefit, then additional inappropriate treatments might be undertaken. The requested injection including ultrasound guidance is medically necessary.