

<b>Case Number:</b>	CM15-0051603		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	01/06/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2015

### 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 to her neck and lower back on January 6, 2014. The injured worker underwent lumbar spine magnetic resonance imaging (MRI), bilateral shoulder ultrasound on October 22, 2014, ultrasound bilateral knees on January 14, 2015 and had a rheumatology consultation on February 13, 2015. The injured worker was diagnosed with right partial rotator cuff tear, right shoulder periscapular sprain/strain, cervical spine sprain/strain, and lumbar spine sprain/strain with right lower extremity radiculitis, right elbow epicondylitis, right wrist tenosynovitis, and right knee myxoid degeneration. Treatment to date has included acupuncture therapy, cortisone injections and topical analgesics. According to the primary treating physician's progress report on February 9, 2015, the patient continues to experience right knee weakness and pain and right shoulder weakness. Examination of the right knee demonstrated tenderness at the medial joint greater than the lateral joint with decreased range of motion. Examination of the right shoulder noted tenderness to palpation, positive impingement signs and decreased range of motion. Treatment plan consists of the request 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:

**Subacromial injections under ultrasound guidance, Right Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 218, table 9-6. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder Procedure.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder-Steroid injections-ultrasound guidance.

**Decision rationale:** MTUS Guidelines and ODG Guidelines support a subacromial injection under these circumstances, however the MTUS Guidelines do not address the technique and ODG Guidelines do. ODG Guidelines do not support the medical necessity of ultrasound guidance and the requesting physician does not provide for any unusual circumstances to justify an exception to Guidelines. IMR review does not modify medical requests which leads to the conclusion that the request for right shoulder subacromial injections with ultrasound guidance is not support by Guidelines and is not medically necessary.