

<b>Case Number:</b>	CM15-0084203		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	12/01/2012
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	03/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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: Physical Medicine & Rehabilitation

### 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 55 year old female, who sustained an industrial injury on 12/1/2012. Diagnoses have included status post right shoulder scope arthroscopic surgery with subacromial decompression, rotator cuff repair (12/14/2013) with recurrent rotator cuff tear/labral tear and left shoulder overload pain. Treatment to date has included shoulder surgery. Magnetic resonance imaging (MRI) of the right shoulder dated 1/12/2015 showed a full thickness tear of the supraspinatus tendon and partial tear of the subscapularis and infraspinatus tendons. According to the progress report dated 2/19/2015, the injured worker complained of pain in the right shoulder. She stated that pain increased with overhead activities, pushing, pulling and lifting. Exam of the right shoulder showed well healed portals secondary to arthroscopic surgery. The injured worker was temporarily totally disabled. Authorization was requested for an ultrasound guided corticosteroid injection to the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultrasound guided corticosteroid injection, right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Integrated Treatment Disability Duration Guidelines, Shoulder Chapter.

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

**Decision rationale:** The patient was injured on 12/01/12 and presents with pain in the right shoulder. The request is for Ultrasound Guided Corticosteroid Injection for the Right Shoulder for alleviation of pain and discomfort. There is no RFA provided and the patient is to remain off of work until 04/15/15. For shoulder injections, the ACOEM page 213 allows for 2 to 3 injections as part of a rehabilitation program. ODG Shoulder chapter, under Steroid injections has the following regarding imaging guidance for shoulder injections: "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." ODG Shoulder Chapter, Ultrasound guidance for shoulder injections: "In the shoulder, conventional anatomical guidance by an experienced clinician is generally adequate. While ultrasound guidance may improve the accuracy of injection to the putative site of pathology in the shoulder, it is not clear that this improves its efficacy." The patient is diagnosed with status post right shoulder scope arthroscopic surgery with subacromial decompression, rotator cuff repair dated 12/14/13 with recurrent rotator cuff tear/labral tear, positive MRI arthrogram, 01/12/15. Review of the medical records provided does not indicate if the patient had a prior steroid injection to the right shoulder. ODG and ACOEM do support trial of injections for short term relief. However, the requested ultrasound guidance is not supported by ODG Guidelines. Therefore, the requested ultrasound guided corticosteroid injection for the right shoulder is not medically necessary.