

Case Number:	CM15-0232434		
Date Assigned:	12/08/2015	Date of Injury:	01/30/2014
Decision Date:	01/11/2016	UR Denial Date:	11/04/2015
Priority:	Standard	Application Received:	11/25/2015

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: New York
 Certification(s)/Specialty: Internal 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 54 year old female with a date of injury on 01-30-2014. The injured worker is undergoing treatment for arthritis of the cervical spine, supraspinatus tendinitis of the left shoulder, subacromial bursitis of the left shoulder, impingement of bilateral shoulders, sprain-stain of bilateral wrists and sprain strain of the lumbar spine. A physician note dated 09-15-2015 documents the injured worker has pain in her neck, left shoulder, bilateral hands, wrists and low back. Her left shoulder has pain, weakness and stiffness and it is a constant aching, dull, sharp and stabbing pain. She has right hand weakness and bilateral pain in wrists. She has pain in her neck with headaches on the left side and low back pain. She rated her pain at rest at 8 out of 10 and pain increases to 10 out of 10 with activity. She has numbness and tingling in the left leg left fingers, right hand and fingers and the top of her foot, along with weakness in her left shoulder, leg and hip. On 10-15-2015 it is documented she received an ultrasound guidance left shoulder injection. A physician progress note dated 11-03-2015 documents the injured worker complains of left shoulder pain with limited range of motion. A shoulder injection was given on 10-15-2015 by using the bony anatomic landmarks. The ultrasound was performed to confirm the diagnosis on Magnetic Resonance Imaging. Unofficial results of left shoulder Magnetic Resonance Imaging done on 07-23-2015 revealed supraspinatus tendinitis, no tear, effusion and bursitis in the subacromial space. She continues to work from home. Treatment to date has included diagnostic studies, medications, left shoulder injection, and physical therapy. Her medications include Oxycodone, Norco, and Soma. She is experiencing stomach upset and constipation with her meds. With her meds her pain at rest is 7

out of 10 and with activity pain is 9 out of 10. The Request for Authorization dated 10-30-2015 includes IF unit, conductive garment, electrodes and ultrasound guided injection left shoulder. On 11-04-2015 Utilization Review modified the request for ultrasound guided injection left shoulder to an injection to the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound Guided Injection Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

Decision rationale: According to ACOEM guidelines, subacromial injection may be indicated after a trial of conservative treatment when there is continued pain with rotation that significantly limits activities. ODG states that the indications for injection include adhesive capsulitis, impingement syndrome, or rotator cuff problems. Injection may be an option when conservative treatment of at least 3 months fails to control symptoms and pain interferes with functional activities. The injections are generally performed without fluoroscopic or ultrasound guidance. In this case, there are subjective findings reported for the left shoulder. There is specific indication for a steroid injection of the left shoulder but ultrasound guidance is not required. Medical necessity for the requested shoulder injection under ultrasound guidance has not been established. The requested procedure is not medically necessary.