

<b>Case Number:</b>	CM14-0142712		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	04/14/2003
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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. The expert reviewer is Board Certified in General Surgery, has a subspecialty in Surgical Critical Care, and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 65 year old male who was reportedly injured on 04/14/2003. The mechanism of injury is not discussed . The last progress note dated 07/28/2014 indicates that the injured worker complains of lower back pain radiating to the bilateral lower legs down to the foot and also pain to the cervical spine radiating down to the bilateral shoulders with aches and pains down to both arms. Current medications include Cymbalta 60mg, Neurontin 300mg and Mobic 15mg. On examination there was a noted abnormal gait, pain and limited range of motion of the bilateral knees, tenderness of the medial and lateral joint line and appreciable effusion or Baker cyst. Testing in the supine position does reveal appreciable joint effusion. Compression of the patella reproduces the injured worker's symptoms. There were no findings related to the shoulder. The ultrasound needle guidance and lidocaine injection to the knee was performed. There has been a previous shoulder injection in May 2014 from which there is no documentation as to its % relief of symptoms or duration of relief if any. A request was made for US injection at the right lateral humeral and was not certified on 08/12/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**US injection at the right lateral humeral:** 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) - Treatment in Workers' Compensation (TWC), Shoulder Procedure Summary last update 07/29/2014, Criteria for steroid injections.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , Shoulder, Steroid Injections

**Decision rationale:** The documentation provided does not support the ultrasound guided steroid injection of the shoulder. There is little physical examination documented especially with regards the active Range of motion or orthopedic test findings. There has been previous injection of shoulder in May 2014 but there has not been an assessment of its efficacy and duration, if any. A second injection would be predicated on objective response to the first injection. Therefore the request for a second ultrasound directed right lateral humeral injection remains not medically necessary.