

<b>Case Number:</b>	CM14-0152963		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	01/13/2014
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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:

This is a male patient with the date of injury of January 13, 2014. A Utilization Review was performed on September 9, 2014 and recommended non-certification of 1 bilateral carpal tunnel injection under ultrasound guidance and 1 left shoulder subacromial injection under ultrasound guidance. A Progress Report dated August 14, 2014 identifies Primary Complaints of continued neck stiffness, left-sided neck pain, left shoulder limitation, and right hand numbness and tingling. Objective Findings identify tenderness to palpation over the supraspinatus tendon and acromioclavicular joint. Impingement test is slightly positive. Cross arm test is positive. There is decreased range of motion. Diagnoses identify left shoulder sprain/strain. Treatment Plan identifies subacromial injection on the left and carpal tunnel injection bilaterally.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BILATERAL CARPAL TUNNEL INJECTION UNDER ULTRASOUND GUIDANCE:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

**Decision rationale:** Regarding the request for bilateral carpal tunnel injection under ultrasound guidance, California MTUS supports Injection of corticosteroids for various conditions such as carpal tunnel syndrome, de Quervain's syndrome, tenosynovitis, or trigger finger, and they consider an injection optional in moderate cases of tendinitis. Within the documentation available for review, there is documentation of symptoms and findings consistent with carpal tunnel syndrome. However, there is no indication that the patient has failed less invasive conservative treatment. In the absence of such documentation, the currently requested bilateral carpal tunnel injection under ultrasound guidance is not medically necessary.

**LEFT SHOULDER SUACROMIAL INJECTION UNDER ULTRASOUND GUIDANCE:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Shoulder Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder

**Decision rationale:** Regarding the request for left shoulder subacromial injection under ultrasound guidance, Chronic Pain Medical Treatment Guidelines support the use of a subacromial injection if pain with elevation significantly limits activity following failure of conservative treatment for 2 or 3 weeks. They go on to recommend the total number of injections should be limited to 3 per episode, allowing for assessment of benefits between injections. Official Disability Guidelines recommend performing shoulder injections guided by anatomical landmarks alone. Guidelines go on support the use of corticosteroid injections for adhesive capsulitis, impingement syndrome, or rotator cuff problems which are not controlled adequately by conservative treatment after at least 3 months, when pain interferes with functional activities. Within the documentation available for review, there is no clear indication that the patient has failed conservative treatment for 2 or 3 weeks. In addition, guidelines do not support the use of imaging guidance for shoulder injections. In light of such issues, the currently requested left shoulder subacromial injection under ultrasound guidance is not medically necessary.