

<b>Case Number:</b>	CM14-0154194		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	01/30/2012
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 : Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 55-year-old female who reported an injury on 01/30/2012. The injured worker reportedly sustained an upper arm strain while pulling a box from a shelf. The current diagnoses include brachial plexus lesion, brachial neuritis/radiculitis, and unspecified myalgia and myositis. Previous conservative treatment was noted to include physical therapy, medications, cervical epidural injections, and shoulder injections. The current medication regimen includes tramadol ER, gabapentin, Norco, and a compounded gel. The injured worker was evaluated on 08/22/2014 with complaints of left sided neck pain, left arm pain, and numbness and tingling. The physical examination revealed mild to moderate distress, grimacing, guarded movement, reduced range of motion, stiffness, increased left trapezius tone, diminished strength in the left upper extremity, and impaired sensation. The treatment recommendations at that time included an ultrasound of the left brachial plexus with possible injection. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultrasound Left Shoulder and Left Brachial Plexus with Possible Lidocaine Injection:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines (ODG)

Treatment Integrated Treatment/Disability Duration Guidelines, Ultrasound , Diagnostic-  
Shoulder Chapter, Nerve blocks-Shoulder Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 207-209.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)  
Shoulder Chapter, Ultrasound, diagnostic.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state for most patients with shoulder problems, special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. The Official Disability Guidelines recommend a diagnostic ultrasound for specific indications to include ultrasound guidance for a shoulder injection. As per the documentation submitted, there was no indication that a surgical intervention has been performed. There was also no documentation of objective functional improvement following previous shoulder injections. The medical necessity for a diagnostic ultrasound with possible injection has not been established. Therefore, the request is not medically appropriate.