

<b>Case Number:</b>	CM14-0083868		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	01/17/2013
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 and is licensed to practice in Nevada. 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 31-year-old male who was reportedly injured on January 17, 2013. The mechanism of injury is noted as a motor vehicle accident. The most recent progress note dated May 6, 2014 indicates that there are ongoing complaints of right shoulder pain, status post revision of the posterior Bankart procedure. The physical examination demonstrated evidence of scapular dyskinesia bilaterally. Decreased range of motion and weakness is noted in the rotator cuff on exam as well as a slightly positive impingement sign. Diagnostic imaging studies have included a cervical spine magnetic resonance image demonstrating multilevel degenerative foraminal stenosis and minor C5-6 central canal stenosis, and nerve conduction studies of the left upper limb with mild to moderate active deprecation in the left C6 innervated muscles. The record indicates no evidence for a myopathic process. An x-ray of the cervical spine in January 2014 provides evidence that the injured worker is status post anterior interbody fusion from C5 to C7. Previous treatment includes spine surgery, shoulder surgery, physical therapy, pharmacotherapy, and activity modification. A request was made for an ultrasound guided cortisone injection into the right shoulder subacromial space and an Intel as skin shirt for ongoing shoulder dyskinesia, and was not certified in the pre-authorization process on May 19, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultrasound Guided Cortisone Injection into Right Shoulder Subacromial Space:** 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.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG - Shoulder (Acute & Chronic) - Steroid Injections: (updated 8/27/14). ODG -TWC ODG Treatment Integrated Treatment/Disability Duration Guidelines Shoulder (Acute & Chronic) (updated 08/27/14) - Steroid injections.

**Decision rationale:** One injection is supported for failure of 3 months of conservative treatment when pain interferes with functional activities, and is intended for short-term control of symptoms to resume conservative medical management. However, evidence-based guidelines address ultrasound guidance for shoulder injection and do not support routine ultrasound guidance for injections due to lacking evidence of improved efficacy. Review of the available medical records fails to substantiate the medical necessity of ultrasound guidance for the requested injection. As such, this request is not medically necessary.

**Intelliskin Shirt for Ongiong Scapular Dyskinesis: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG -TWC Integrated Treatment/Disability Duration Guidelines Shoulder (Acute & Chronic) (updated 08/27/14) - IntelliSkin posture garments.Shoulder (Acute & Chronic) (updated 08/27/14) - IntelliSkin posture garments.

**Decision rationale:** ODG guidelines do not recommend this device is treatment for shoulder pain, as there is no quality published studies to support claims that this garment results in improved posture, and decrease pain. Therefore, the request for Intelliskin Shirt for Ongiong Scapular Dyskinesis is not medically necessary and appropriate.