

<b>Case Number:</b>	CM14-0212863		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	12/30/2003
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 patient is a 56 year-old female with a 12/30/2003 date of injury. According to the 11/18/14 pain management report, the patient presents with bilateral upper extremity pain. Her diagnoses include s/p left CTR; s/p left cubital tunnel release 2002; s/p right CTR 2000; bilateral impingement syndrome; chronic pain syndrome. The physician notes the last right shoulder injection was in Oct. 2013 and gave 70% relief of pain. The pain management physician is requesting a right shoulder injection with ultrasound guidance. On 12/08/2014 utilization review denied an ultrasound guided right shoulder injection because the reviewer did not see any shoulder limitations and the type and site of injection was not specified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder injection with US guidance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 555-556.

**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 chapter, Steroid injections

**Decision rationale:** ACOEM page 204, Chapter 9, shoulder, initial care states: If pain with elevation significantly limits activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy. ODG-TWC guidelines, shoulder chapter online, for Steroid injections/criteria for steroid injections states these are generally performed without fluoroscopic or ultrasound guidance. The ACOEM and ODG guidelines have support for shoulder injections. The ODG guidelines discuss necessity for ultrasound guidance and states the shoulder injections are generally performed without ultrasound guidance. The request as written, for ultrasound guidance is not in accordance with ODG guidelines. The request for right shoulder injection with US guidance is not medically necessary.