

<b>Case Number:</b>	CM15-0004237		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	09/23/2009
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 56 year old male was injured 9/23/09 in an industrial accident involving a fall, landing on his left side, hitting his left shoulder, arm and wrist. He is currently experiencing continued left shoulder pain, numbness and weakness with and without activity. The pain level is 1-2/10 at rest and with activity. Medications include Percocet, naproxen and Voltaren. His diagnoses include adhesive capsular shoulder; partial rotator cuff tear, left shoulder; impingement syndrome and tendonitis, left shoulder. Treatments included medications, wrist surgery and post-operative physical therapy; status post left shoulder surgery (12/4/14). Diagnostic studies included radiographs and MRI of the left shoulder (7/9/12). On 12/10/14 the treating provider requested an ultrasound guided cortisone injection to the left shoulder due to no improvement. On 12/23/14 Utilization Review non-certified the request for ultrasound guided cortisone injection to the left shoulder citing MTUS, ACOEM, OMPG : Chapter 9 and ODG Treatment in Workers' Comp: Shoulder Chapter-Steroid Injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultrasound guided cortisone injection, left shoulder:** Overturned

**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), Shoulder Chapter, injections

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Shoulder

**Decision rationale:** MTUS Guidelines point out that shoulder steroid injections have questionable benefit, but the Guidelines allow up to 3 injections for treatment of this patient's condition. ODG Guidelines add additional details regarding ultrasound localization. The ODG Guidelines point out that the literature is somewhat contradictory on this issue, but the Guidelines do not state that ultrasound guided injections are inappropriate and are not recommended. The request for ultrasound guided steroid injection of the left shoulder is consistent with Guidelines and is medically necessary.