

<b>Case Number:</b>	CM15-0011934		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	12/07/2007
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	12/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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: Physical Medicine & Rehabilitation

### 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 49 year old male, who sustained an industrial injury on December 7, 2007. The diagnoses have included complex regional pain syndrome of the right hand and right shoulder pain. Treatment to date has included a spinal cord stimulator trial, stellate ganglion block, physical therapy, and Pain and antidepressant medications. On November 7, 2014, the treating physician noted the injured worker was awaiting a spinal cord stimulator implant after a successful trial. The injured worker's pain medications helped decrease his pain and the pain was better controlled, which enabled him to do his activities of daily living daily. He has chronic upper extremity pain that radiates into bilateral hands. The physical exam revealed decreased sensation to touch and pinprick of the right hand, normal reflexes of the bilateral upper extremities, and decreased right hand grip. On December 27, 2014 Utilization Review non-certified a request of injection with ultrasound guidance for the right shoulder, noting the lack of evidence the injured worker has adhesive capsulitis, impingement syndrome or rotator cuff syndrome. In addition, there was lack of documentation of failure of three months of conservative treatment. The Official Disability Guidelines (ODG) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Injection with ultrasound guidance for the right shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213. Decision based on Non-MTUS Citation Shoulder chapter, under Steroid injections

**Decision rationale:** The patient was injured on 12/07/07 and presents with bilateral upper extremity pain and right shoulder pain. The request is for an INJECTION WITH ULTRASOUND GUIDANCE FOR THE RIGHT SHOULDER. The RFA is dated 12/09/14 and the patient's work status is unknown. Review of the reports provided does not indicate if the patient has had a prior shoulder injection. For shoulder injections, the ACOEM page 213 allows for 2 to 3 injections as part of a rehabilitation program. ODG Shoulder chapter, under Steroid injections has the following regarding imaging guidance for shoulder injections: "Glucocorticoid injection for shoulder pain has traditionally been performed guided by anatomical landmarks alone, and that is still recommended. With the advent of readily available imaging tools such as ultrasound, image-guided injections have increasingly become more routine. While there is some evidence that the use of imaging improves accuracy, there is no current evidence that it improves patient-relevant outcomes." 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 ultrasound guidance for the right shoulder IS NOT medically necessary.