

<b>Case Number:</b>	CM15-0123950		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	10/10/1989
<b>Decision Date:</b>	08/07/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 51 year old female with an industrial injury dated 10/10/1989-08/27/2010 (cumulative trauma). Her diagnoses included lumbar spine musculoligamentous sprain/strain with sacroiliac joint sprain, greater trochanteric bursitis and bilateral shoulder sprain/impingement. Prior treatment included physical therapy with significant benefit. She presented on 04/30/2015 with complaints of pain of bilateral shoulders with movement. She reported decreased pain with medication use, rest and stretching. Her low back symptoms remained the same. She noted symptoms with use of left hip however the symptoms were decreased with medication use, heat, stretching and rest. Examination of the right shoulder revealed tenderness to palpation over the periscapular musculature, trapezius muscles, subacromial region and acromioclavicular joint. Crepitus was present. Impingement and cross arm test were positive. MRI of the left hip dated 04/14/2015 showed left greater trochanteric bursitis without fracture or dislocation. Treatment plan included evaluation for consideration of ultrasound guided injections to the bilateral shoulders and left hip with follow up in five to six weeks. The treatment request is for evaluation for consideration for ultrasound-guided injection to the bilateral shoulders and left hip.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Evaluation for consideration for ultrasound-guided injection to the bilateral shoulders and left hip:** 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, Hip & Pelvis, Hip Trochanteric bursitis injections, Ultrasound, diagnostic.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & pelvis chapter (hip trochanteric bursitis injection).

**Decision rationale:** ACOEM Guidelines state that shoulder injections are an invasive procedure that has limited proven value. In this case, the patient is having an exacerbation of shoulder and hip symptoms and should benefit from additional conservative treatment versus an invasive procedure, i.e. injections. The patient has shown benefit from past PT treatments and home exercise programs for hip and shoulder conditions. The ODG states that for trochanteric pain, corticosteroid injection is safe and highly effective, however the guidelines state that ultrasound guidance does not enhance the efficacy of injections of the shoulder or the hip. In this case, the request for ultrasound guided corticosteroid injection of the bilateral shoulders and hip is not medically necessary.