

<b>Case Number:</b>	CM15-0129660		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	06/19/2008
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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: Arizona, California

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:

This 62 year old woman sustained an industrial injury on 6/19/2008. The mechanism of injury is not detailed. Diagnoses include lumbar spine instability, herniated lumbar disc, lumbar radiculopathy, right knee sprain/strain, cervical spine sprain/strain, bilateral shoulder sprain/strain, bilateral elbow sprain/strain, bilateral wrist/hand sprain/strain, insomnia, anxiety, and depression. Treatment has included oral medications. Physician notes dated 4/9/2015 show complaints of worsening pain to the bilateral shoulders and low back with radiation to bilateral legs. The worker rates her pain 8-9/10. Recommendations include ultrasound guided steroid injection to the left shoulder, lumbar epidural steroid injection, updated lumbar spine MRI, right hand and left shoulder MRIs, continue current medication regimen, and follow up in three months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultrasound guided corticosteroid injection for bilateral shoulders:** 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).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 213.

**Decision rationale:** According to the guidelines, shoulder injections are recommended for rotator cuff inflammation, shoulder impingement, or small tears. In this case, the claimant had a diagnosis of shoulder strain not the above diagnoses. In addition, shoulder injections do not routinely ultrasound injections. The request for ultrasound injections is not medically necessary.