

<b>Case Number:</b>	CM15-0079296		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	04/02/2013
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	03/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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: 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 43 year old male, who sustained an industrial injury on 4/2/2013. He reported a slip and fall while holding a rail with the left arm. The injured worker was diagnosed as having shoulder arthralgia, bursitis and impingement. There is no record of a recent diagnostic study. Treatment to date has included physical therapy, home exercises, steroid injections, left shoulder arthroscopy and medication management. In a progress note dated 3/25/2015, the injured worker complains of left shoulder pain. The treating physician is requesting left shoulder and left subacromial cortisone injection with ultrasound guidance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Shoulder And Left Subacromial Cortisone Injection With Us Guidance For Needle Placement:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Shoulder Complaints Section: Steroid Injections.

**Decision rationale:** The Official Disability Guidelines comment on the use of steroid injections for shoulder complaints including the use of ultrasound guidance. Steroid injections are recommended as indicated below, up to three injections. Steroid injections compared to physical therapy seem to have better initial but worse long-term outcomes. 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. The Cochrane systematic review on this was unable to establish any advantage in terms of pain, function, shoulder range of motion or safety, of ultrasound-guided glucocorticoid injection for shoulder disorders over either landmark-guided or intramuscular injection. They concluded that, although ultrasound guidance may improve the accuracy of injection to the putative site of pathology in the shoulder, it is not clear that this improves its efficacy to justify the significant added cost. In this case, while there is evidence in support of a corticosteroid injection for the shoulder problems experienced by this patient, the above cited guidelines do not support the medical necessity of ultrasound guidance for needle placement. Therefore, shoulder and subacromial injection with cortisone with ultrasound guidance for needle placement is not considered as medically necessary.