Case Number:	CM14-0133622		
Date Assigned:	08/22/2014	**Date of Injury:**	01/31/2012
Decision Date:	11/17/2014	**UR Denial Date:**	07/28/2014
Priority:	Standard	**Application Received:**	08/18/2014

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. The expert reviewer is Board Certified in Orthopaedic Surgery, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 52-year-old female housekeeper sustained an industrial injury on 1/31/12. Injury occurred while she was mopping and hit her left wrist on a stationary bicycle. The 12/10/12 right shoulder MRI impression documented rotator cuff tendonitis with a full thickness tear beneath the acromioclavicular joint, moderately severe impingement syndrome, and fluid in the glenohumeral joint space and subdeltoid space. Records indicated the patient was under care for chronic pain in the neck, back, arms, shoulders, and knees. The 4/2/14 orthopedic report cited continued pain in both shoulders, right greater than left, and neck and back pain. Right shoulder range of motion was documented as flexion 165, extension 40, abduction 160, adduction 50, internal rotation 80, and external rotation 80 degrees. There was tenderness to palpation over the greater tuberosity of the humerus and impingement tests were positive. The patient had reportedly failed conservative treatment including activity modification, anti-inflammatories, medications, and physical therapy. Authorization was requested for right shoulder arthroscopic surgery with subacromial decompression and rotator cuff repair. The 6/30/14 treating physician report cited continued grade 6/10 right shoulder pain, increased with overhead activity. The diagnosis was right shoulder rotator cuff tear with tendonitis. The treatment plan included ultrasound guided corticosteroid injection to the right shoulder. If the injection provided only temporary relief, the patient would be a candidate for right shoulder arthroscopic surgery with subacromial decompression and rotator cuff repair. The 7/28/14 utilization review denied the request for right shoulder corticosteroid injection as there was no documentation of conservative treatment in regards to an anti-inflammatory or physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided Corticosteroid Injection to the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Steroid Injections

Decision rationale: The California MTUS recommend the use of subacromial corticosteroid injections to treat rotator cuff inflammation, impingement syndrome, or small tears. The Official Disability Guidelines generally support steroid injections for the a diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems. Glucocorticoid injection for shoulder pain has traditionally been performed guided by anatomical landmarks alone, and that is still recommended. Guidelines state that although ultrasound guidance may improve the accuracy of injection to the putative site of pathology in the shoulder, it is not clear in large volume/long term studies that this improves its efficacy. There is no compelling reason to support the medically necessary of an ultrasound-guided injection in the absence of guideline support. Therefore, this request is not medically necessary.