

<b>Case Number:</b>	CM13-0015317		
<b>Date Assigned:</b>	10/07/2013	<b>Date of Injury:</b>	07/12/2004
<b>Decision Date:</b>	02/13/2014	<b>UR Denial Date:</b>	08/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 physician 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:

The patient is a 39 female with a date of injury of 07/12/2004. Utilization Review (UR) letter dated 08/14/2013 recommends denial for retrospective request for 2 cortisone injections to the L shoulder (06/28/2013). The patient is status post left shoulder scope (2005), reconstruction (2008) and has diagnoses of subacromial bursitis, impingement arthralgia and AC joint degenerative joint disease. According to progress report dated 06/28/2013 by [REDACTED], patient presents with left shoulder, left wrist and left elbow symptoms. Patient rates her pain a 7/10. Left shoulder examination showed ROM flexion 0 to 160 and abduction 0 to 150. External rotation is 0 to 70 degrees and internal rotation is 0 to 70 degrees. Adduction and extension was noted 0 to 50 degrees. A positive O'Brien's test was also noted. [REDACTED] subsequent progress report dated 08/07/2013, states corticosteroid injection administered at last visit provided 50% relief for one to two weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for 2 Cortisone Injections to the left shoulder subacromial space between 6/28/2013 and 6/28/2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 235-236. Decision based on Non-MTUS Citation Official Disability Guidelines on shoulder steroid injection

**Decision rationale:** This patient presents with bursitis, impingement arthralgia and AC joint degenerative joint disease. Treater's request is for retrospective of 2 cortisone injections to the L shoulder (06/28/2013). Medical records indicate one injection was administered on 06/28/2013 which produced 50% relief for one to two weeks. Review of prior reports dated 03/12/2013 to 08/07/2013 indicate patient has not had other cortisone injections to the left shoulder. It is unclear why the request is for retrospective of "two" cortisone injections to the left shoulder "dated 06/28/2013 to 06/28/2013". ACOEM guidelines states "corticosteroid injections have been shown to be effective, at least in the short term; however, the evidence on long-term effects is mixed, some studies show high recurrence rate among injection groups." (p235,6). For clearer criteria for steroid injections we turn to ODG, which states only one injection should be started, rather than a series. Recommendation is for denial.