

<b>Case Number:</b>	CM13-0030325		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	01/26/2012
<b>Decision Date:</b>	04/04/2014	<b>UR Denial Date:</b>	09/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### 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 Orthopedic Surgery, has a subspecialty in Hand Surgery and is licensed to practice in Texas. 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:

The patient is a 30-year-old female who reported an injury on 01/26/2012 after she opened a file cabinet and caused it to fall on her. The patient reportedly sustained injury to her neck, left shoulder, and low back, which in turn, caused sleep disturbances and depression. The patient's chronic pain was managed with physical therapy, acupuncture, chiropractic care, and multiple medications. The patient underwent an MRI of the left shoulder in 06/2013 that documented the patient had mild premature acromioclavicular osteoarthritis with no evidence of a rotator cuff or glenoid labrum tear. The patient was evaluated in 08/2013, at which time it was documented that the patient had persistent complaints of neck and left shoulder pain rated at a 6/10 to 7/10. Physical findings included a positive impingement sign and positive supraspinatus test of the left shoulder with tenderness to palpation over the left acromioclavicular joint, left subacromial region, and left greater tubercle, and limited range of motion of the left shoulder. The patient's treatment plan at that time included continuation of medication usage and a left shoulder joint injection and rotator cuff injection under fluoroscopy and IV sedation with arthrogram. The patient's most recent clinical evaluation was in 10/2013, at which time it was documented that the patient had severe discomfort of the left upper extremity with scalene tenderness and positive brachial plexus Tinel's sign. It was also noted that the patient had a positive left costoclavicular abduction test, left parascapular tenderness, left upper extremity weakness, left elbow tenderness, and hypoesthesia in the left C8-T1 dermatomes. The patient's diagnostic impression included left thoracic outlet syndrome with associated left shoulder adhesive capsulitis and associated left upper extremity peripheral nerve irritability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A left shoulder joint and rotator cuff injection under fluoroscopy with arthrogram and IV sedation:** 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): 212-214. Decision based on Non-MTUS Citation ODG, Pain Chapter, Epidural Steroid Injections.

**Decision rationale:** The requested left shoulder joint and rotator cuff injection under fluoroscopic guidance with arthrogram and IV sedation are not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient previously underwent a steroid injection that provided symptom relief. However, there were no quantitative objective measures to support functional improvement as a result of the prior injections. Additionally, there was no documentation of the duration of pain relief from the prior injection. The American College of Occupational and Environmental Medicine does recommend 1 to 2 corticosteroid injections to assist with pain relief. However, as there is no documentation of objective measures of functional improvement and duration of relief, an additional joint injection would not be supported. Additionally, the clinical documentation submitted for review does provide evidence that the patient is symptomatic with left shoulder symptoms that have been recalcitrant to conservative measures. However, the patient underwent an MRI of the left shoulder in 06/2013 that documented no significant findings of the glenoid labrum. Therefore, the need for an MR arthrogram is not established. Additionally, Official Disability Guidelines do not recommend the use of IV sedation unless there is significant anxiety toward the procedure. The clinical documentation submitted for review does not provide any evidence that the patient has significant anxiety regarding the procedure. Therefore, this request is not supported by guideline recommendations. As such, the requested left shoulder joint and rotator cuff injection under fluoroscopy with arthrogram and IV sedation are not medically necessary or appropriate.