

<b>Case Number:</b>	CM13-0040848		
<b>Date Assigned:</b>	05/21/2014	<b>Date of Injury:</b>	11/13/2010
<b>Decision Date:</b>	06/12/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 Internal Medicine, and is licensed to practice in Maryland. 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 34 year old female with date of injury 11/13/10. The mechanism of injury is not stated in the available medical records. The patient has complained of left shoulder pain since date of injury. She has been treated with physical therapy and medications. An MRI of the left shoulder revealed impingement of the rotator cuff and acromioclavicular degenerative joint disease. The patient has positive impingement sign, positive supraspinatus sign, decreased range of motion of the left shoulder, painful range of motion of the left shoulder, and tenderness to palpation of the left acromioclavicular joint. Diagnoses include left shoulder rotator cuff syndrome, and left shoulder degenerative arthritis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LEFT SHOULDER JOINT AND ROTATOR CUFF INJECTION WITH ARTHROGRAM, FLUOROSCOPY AND IV SEDATION: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS ACOEM, Occupational Medicine Practice Guidelines, 2nd Edition, Shoulder Complaints, pages 561-563.

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

**Decision rationale:** This 34 year old female has complained of left shoulder pain since date of injury 11/13/10. She has been treated with physical therapy and medications. The current request is for left shoulder joint and rotator cuff injection with arthrogram, fluoroscopy and IV sedations. According to the ACOEM Guidelines, invasive techniques such as arthrogram with corticosteroid injection have little proven benefit in the treatment of chronic shoulder complaints and are not recommended. On the basis of the ACOEM Guidelines, shoulder and rotator cuff arthrogram and injection with fluoroscopy and IV sedation is not indicated as medically necessary and appropriate..