

<b>Case Number:</b>	CM13-0043658		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	03/18/2011
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in California and Washington. 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 injured worker is a 31-year-old female with a reported injury on 3/18/11. The mechanism of injury was not provided. The injured worker had an exam on 10/3/13 for complaints of left shoulder pain. She had a history of having an MRI and a CAT scan. There was not a list of medications provided. There was no documentation provided regarding any conservative care such as exercise program, physical therapy, or the use of NSAIDS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LEFT SHOULDER SUBACROMIAL CORTISONE INJECTION UNDER ULTRASOUND GUIDANCE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214.

**Decision rationale:** The California MTUS/ACOEM guidelines state that there is limited research based on evidence on the fact that the injections are considered a part of an exercise rehabilitation program to treat rotator cuff inflammation, impingement syndrome, or small tears. There is no evidence of any kind of conservative care regarding any exercise program or a

rehabilitation program. There is no clear diagnosis of rotator cuff inflammation or impingement syndrome or a small tear. Therefore, the request for the subacromial cortisone injection is not medically necessary.