

<b>Case Number:</b>	CM13-0045434		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/26/2010
<b>Decision Date:</b>	06/03/2014	<b>UR Denial Date:</b>	10/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2013

### 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, has a subspecialty in Pain Medicine and is licensed to practice in New York and 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 28 year old male whose date of injury is 08/26/2010. The mechanism of injury is described as lifting. Per note dated 06/25/13, the patient continues to complain of pain in the left shoulder and lower back radiating to his legs. The patient is noted to be status post left inguinal hernia repair. It is also noted that the patient has failed conservative treatments including therapy, anti-inflammatories and previous injection. Progress report dated 10/01/13 indicates that the patient is taking Norco, Neurontin, and Prilosec and using topical rubs. Physical examination of the left shoulder documents moderate to significant tenderness over the left shoulder joint and supraspinatus and biceps tendons. There is limited range of motion of the left shoulder in all directions. Upper extremity reflexes are present and normal. Sensory exam is grossly intact to touch.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT SHOULDER SUPRASPINATOUS AND BICEPS TENDON INJECTIONS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196.

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

**Decision rationale:** Based on the clinical information provided, the request for left shoulder supraspinatus and biceps tendon injections is not recommended as medically necessary. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. The patient has reportedly undergone prior injection therapy to the shoulder; however, there is no information provided regarding this procedure to include the type and date of injection and patient response. The patient's left shoulder MRI performed on 07/06/12 reportedly demonstrated the acromioclavicular joint appears normal, the bone marrow signal intensity is within normal limits, there is no evidence of fracture or misalignment. The rotator cuff, supraspinatus, infraspinatus, subscapularis, and teres minor tendons are unremarkable along their course and insertion. ACOEM Guidelines Shoulder Chapter reports that invasive techniques have limited proven value. Given the above the request is not medically necessary.