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| <b>Case Number:</b>   | CM13-0050607 |                              |            |
| <b>Date Assigned:</b> | 12/27/2013   | <b>Date of Injury:</b>       | 11/07/2012 |
| <b>Decision Date:</b> | 05/21/2014   | <b>UR Denial Date:</b>       | 10/30/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/14/2013 |

### 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 & Rehabilitation 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 injured worker is a 44-year-old male who reported an injury on 11/07/2012. The mechanism of injury was not stated. Current diagnoses include displacement of cervical intervertebral disc without myelopathy, cervical radiculopathy, osteoarthritis involving the left shoulder region, myalgia, and rule out left wrist carpal tunnel syndrome. The injured worker was evaluated on 06/10/2013. The injured worker reported constant pain in the cervical spine with occasional numbness and tingling. The injured worker has been previously treated with rest, activity modification, heat/cold therapy, acupuncture, and a lumbar support. Physical examination on that date revealed nonspecific tenderness in the left shoulder, tenderness at the acromioclavicular joint, anterior labrum, and supraspinatus/infraspinatus tendon on the left, slightly limited range of motion of the left shoulder, and intact sensation. Treatment recommendations at that time included an injection into the left AC joint and left glenohumeral joint.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **CORTICOSTEROID INJECTION FOR THE LEFT GLENOHUMERAL JOINT:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 561-563.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.

**Decision rationale:** ACOEM Guidelines state if pain with elevation significantly limits activities, a subacromial injection of a local anesthetic and a corticosteroid preparation may be indicated after conservative therapy including strengthening exercises and nonsteroidal anti-inflammatory drugs for 2 to 3 weeks. As per the documentation submitted, the injured worker's physical examination of the left shoulder only revealed tenderness to palpation with slightly limited extension and internal/external rotation. There was no evidence of a significant activity limitation. There is also no mention of an attempt at strengthening exercises or nonsteroidal anti-inflammatory drugs for the left shoulder prior to the request for a corticosteroid injection. Based on the clinical information received and the ACOEM Guidelines, the request is not medically necessary and appropriate.