

<b>Case Number:</b>	CM13-0054463		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/23/2011
<b>Decision Date:</b>	03/20/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Diseases and is licensed to practice in California. 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 physician 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:

This is a 63-year-old male patient who reported an injury on 08/23/2011 and the mechanism of injury reported was the patient was unloading potatoes out of his truck and then experienced low back and left shoulder pain. The patient's current medications are Cyclobenzaprine, Lidocaine external patch, Naprosyn, and Vicodin (dosages and frequencies not provided). The patient is status post arthroscopy done in 01/2012. The patient has had physical therapy to the shoulder which reportedly has provided improvement. On physical exam of 10/29/2013, there were no new complaints. However, the patient reported left shoulder flare up. It was documented that on 07/08/2013 the patient reported left shoulder pain with a pain level of 9/10. The plan was for a large joint injection to the left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**subacromial joint injection for the left shoulder:** 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:** The CA MTUS/ACOEM Guidelines state that if pain increases and significantly limits activities, a subacromial injection may be indicated after conservative therapy

for two to three weeks. And the total number of injections should be limited to three per episode. The request for the large joint injection to the left shoulder is non-certified. The documentation provided indicated subjective complaints of pain and reduced range of motion to the shoulder. Pain is worse with flexion and extension and the patient has limited lifting. Past treatments included cortisone shot which was helpful for a month and the patient has been on Vicodin twice a day. The patient has also been prescribed a back brace which he reports is helpful. MRI arthrogram of the left shoulder on 01/11/2013 revealed marked osteoarthritic changes to the glenohumeral joint; high grade incomplete tear of the supraspinatus; disruption of the labrum. The documentation did not indicate any significant functional and neurological deficits and the injection would have been indicated 2 to 3 weeks after conservative treatment and the injury was back in 2011. As such, the request is non-certified.