

<b>Case Number:</b>	CM13-0067140		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/14/2003
<b>Decision Date:</b>	04/07/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 Anesthesiology, has a subspecialty in Pain Management 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 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:

According to the records made available for review, this is a 52-year-old male with an 8/14/03 date of injury. At the time of request for authorization for left shoulder subacromial cortisone injection, there is documentation of subjective (difficulty reaching above the shoulder which affects his activities of daily living significantly) and objective (decreased abduction and internal rotation due to pain and tenderness to palpation over the left subacromial area) findings, current diagnosis (rotator cuff syndrome), and treatment to date (activity modification, home exercise program, physical therapy, and medications).

### 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:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Steroid Injections

**Decision rationale:** MTUS reference to ACOEM guidelines identifies that shoulder injection is recommended as part of an exercise rehabilitation program to treat rotator cuff inflammation,

impingement, or small tears, and that partial thickness tears can be treated the same as impingement syndrome. ODG identifies documentation of pain with elevation significantly limiting activities and conservative therapy (i.e., strengthening exercises and NSAIDs) for two to three weeks, as criteria necessary to support the medical necessity of subacromial cortisone injections. Within the medical information available for review, there is documentation of a diagnosis of rotator cuff syndrome. In addition, there is documentation of pain with elevation significantly limiting activities and conservative therapy (strengthening exercises and medications) for two to three weeks. Therefore, based on guidelines and a review of the evidence, the request for left shoulder subacromial cortisone injection is medically necessary.