

<b>Case Number:</b>	CM13-0068521		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	07/31/2007
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 and Pain Management and is licensed to practice in Florida. 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 41-year-old male who reported an injury on 07/31/2007. The mechanism of injury was not stated. Current diagnoses include a left shoulder arthroscopy and acute irritation with inflammation. The injured worker was evaluated on 12/17/2013. The injured worker reported persistent neck pain and left shoulder pain. Physical examination of the left shoulder revealed 160 degrees of abduction and flexion with 10 degrees of external and internal rotation. The injured worker also demonstrated positive impingement testing. Treatment recommendations included a cortisone injection for the left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LEFT SHOULDER CORTISONE INJECTION: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), and the California MTUS Guidelines.

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

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state that if pain with elevation significantly limits activities, a subacromial injection of a local anesthetic and a

corticosteroid preparation may be indicated after conservative therapy for 2 to 3 weeks. There is no mention of an attempt at conservative treatment prior to a request for a cortisone injection. Therefore, the injured worker does not currently meet the criteria for the requested procedure. As such, the request is not medically necessary.