

<b>Case Number:</b>	CM14-0008671		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	09/26/2011
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2014

### 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 Management 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 51-year-old female who sustained an injury to her right shoulder on 09/26/11. The mechanism of injury was not documented. The most recent clinical note dated 01/27/14 reported the injured worker continued to have significant right shoulder pain with radiation distally as well as continued numbness of the right-hand. Pain was rated 5/10 Visual Analogue Scale (VAS). Current medications provided less than 50% temporary decrease in pain. The injured worker denied any new complaints. Current medications included Flexeril and Hydrochlorothiazide. Physical examination of the right shoulder indicated positive impingement test, positive Gaenslen's sign and sacroiliac joint compression test. An electrodiagnostic study (Electromyography (EMG)/Nerve Conduction Study (NCS) showed evidence of moderate right carpal tunnel syndrome. MRI of the right shoulder revealed minimal tendinosis in the distal supraspinatus tendon; low-grade degenerative fraying at the surface of the distal supraspinatus tendon; some acromioclavicular joint arthropathy with osteophyte abutting the supraspinatus myotendinous junction.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RIGHT SHOULDER CORTISONE INJECTION / BURSA INJECTION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter, Steroid injections

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter, Steroid injections

**Decision rationale:** The request for right shoulder Cortisone injection/bursa injection is not medically necessary. The previous request was denied on the basis a summary of treatment to date and the injured worker's functional response to this treatment was required. It was not noted if she is had any recent therapy or is actively participating in a home exercise program. An active rehabilitation program in conjunction with the proposed injection is not noted. After review of the submitted clinical information, there were no physical therapy notes provided that would indicate the amount of physical therapy visits the injured worker has completed to date and/or the injured worker's response to any previous conservative treatment. Given the clinical documentation submitted for review, medical necessity of the request for right shoulder Cortisone injection/bursa injection has not been established. The request is not medically necessary and appropriate.