

<b>Case Number:</b>	CM14-0103072		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	05/27/2008
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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 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:

Medical Records reflect the claimant is a 43-year-old female with a work injury from 5-27-08. The claimant had low back pain and left knee pain. Recently on 5-13-14, the claimant reported right shoulder pain that had worsened. Most recent exam showed that the claimant had pain to palpation at the posterior aspect and anterior of the right shoulder. She had spasticity of the right upper trapezius and restricted range of motion of the right shoulder. Request was made for a cortisone injection. On 6-12-14, the claimant reported right shoulder pain as 8/10. She has persistent low back and left knee pain. Her medications include Gabapentin, Norco, and Lunesta. There was a request for home exercise program. He recommended Toradol IM due to her flare up of pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 ULTRASOUND GUIDED CORTICOSTEROID INJECTION TO THE RIGHT SHOULDER--:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Steroid injections.

**Decision rationale:** ACOEM Guidelines summary of recommendations and evidence based medicine for shoulder disorders notes that moderate-quality evidence supports treating rotator cuff tendinopathy with subacromial glucocorticoid injection usually combined with a local anesthetic. This may be indicated if there is insufficient improvement after other non-invasive therapy (e.g., strengthening exercises and NSAIDs) for 2 to 3 weeks. ODG reflects that steroid injections are recommended if pain is not controlled adequately by recommended conservative treatments (physical therapy and exercise, NSAIDs or acetaminophen), after at least 3 months. Medical Records reflect the claimant reported right shoulder pain recently on 5-13-14. There is an absence in documentation noting that the claimant had tried and failed first line of treatment such as exercises and oral NSAIDs. Therefore, based on the records provided, the requested injection to the right shoulder with corticosteroid was not medically indicated.

**1 TORADOL 30MG I.M INJECTION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disabilities guidelines.

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

**Decision rationale:** ACOEM Guidelines summary of recommendations and evidence based medicine for shoulder disorders notes that high-quality evidence supports NSAIDs for treatment of shoulder disorders with concomitant cytoprotective medications. The Official Disability Guidelines (ODG) reflects that Ketorolac, when administered intramuscularly, may be used as an alternative to opioid therapy. Medical Records reflect the claimant reported right shoulder pain recently on 5-13-14. There is an absence in documentation noting that the claimant had tried and failed first line of treatment such as exercises and oral NSAIDs. The claimant was not discontinued from her oral opioids. Therefore, based on the records provided, one Toradol 30 mg I.M injection is not medically necessary and appropriate.