

<b>Case Number:</b>	CM14-0109890		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	03/31/2011
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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 Occupational Medicine 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:

The applicant has filed a claim for knee shoulder and neck pain reportedly associated with an industrial injury of March 31, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation, unspecified amounts of physical therapy; and unspecified amounts of acupuncture. In a June 3, 2014 progress note, the applicant reported persistent complaints of bilateral shoulder pain, 8/10. The applicant exhibited positive signs of internal impingement about the bilateral shoulders with range of motion limited to 75% of normal. Acupuncture and bilateral shoulder corticosteroid injection therapy were endorsed. The applicant was returned to regular duty work. In a permanent and stationary report dated September 21, 2011, it was acknowledged that the applicant was working regular duty as of that point in time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Subacromial Corticosteroid injection-bilateral shoulders:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213.

**Decision rationale:** As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 9, Table 9-6, page 213, two or three subacromial injections of local anesthetic and cortisone are "recommended" over an extended period as part of an exercise rehabilitation program to treat rotator cuff inflammation and/or impingement syndrome, as is apparently present here. The applicant has persistent signs and symptoms of internal impingement of the shoulders which have proven recalcitrant to time, medications, physical therapy, acupuncture, etc. The applicant is seemingly intent on employing the injections in conjunction with a program of functional restoration/rehabilitation, as evinced by the applicant's already successful return to regular duty work. Corticosteroid injection therapy is indicated, given the residual complaints. Therefore, the request is medically necessary.