

<b>Case Number:</b>	CM14-0010383		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	07/14/2009
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 Orthopedic Surgery, 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 54-year-old male who sustained an injury to his left shoulder on 07/14/09 when he was standing on top of a metal grate. The grate collapsed and the injured worker fell into a hole. He was able to catch himself and in the process, he injured his left arm. The injured worker reported immediate severe pain to the left shoulder. He was examined and given medication, yet remained symptomatic. He was subsequently referred to an orthopedic specialist and began physical therapy. Diagnostics were performed that revealed left shoulder internal derangement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **SUBACROMIAL INJECTION, LEFT SHOULDER:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 subacromial injection to the left shoulder is not medically necessary. The previous request was denied on the basis that the clinical note dated 11/05/13

were hand written and contained no physical examination of the left shoulder. The reviewer could not make out active and passive ranges of motion, extension, rotation strength, atrophy, impingement signs, etc.; therefore, the request was not deemed medically necessary. The Official Disability Guidelines (ODG) state that treatment with shoulder injections requires documentation that the injured worker's pain has not been controlled adequately by recommended conservative treatments including physical therapy, exercise, NSAIDs and acetaminophen after at least three months. It was reported that the patient had received physical therapy; however, it is unclear how many physical therapy visits the injured worker has completed to date and the injured worker's response to any previous conservative treatment. There was no indication that the injured worker is actively participating in a home exercise program. Given the clinical documentation submitted for review, medical necessity of the request for subacromial injection to the left shoulder has not been established. Recommend non-certification.