

<b>Case Number:</b>	CM14-0014582		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	06/12/2010
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2014

### 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 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:

This is a 43 year old male with a reported industrial injury date of 6/12/10. Left shoulder pain was noted. An MRI of the left shoulder dated 9/3/10 demonstrates no acute or subacute abnormality and only mild outlet narrowing. Mild intrinsic signal in the distal supraspinatus consistent with mild tendinopathy without evidence for rotator cuff tear. The claimant has persistent pain status post left shoulder arthroscopy with debridement, bursectomy, repair of the superior labrum SLAP tear and open biceps tenodesis January 2012. An exam note dated 1/14/14 demonstrates the patient with moderate complaints of pain about the left upper extremity. Exam reports positive Hawkin's test with pain, Speed's test noted with increased pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **KENALOG INJECTION LEFT SHOULDER TIMES ONE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

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

**Decision rationale:** According to the ACOEM Guidelines, subacromial injection may be indicated after conservative therapy for two to three weeks. In this case the medical records provided for review do not indicate if conservative care has been attempted and failed. Therefore the ACOEM Guidelines' criteria for a subacromial injection have not been satisfied. The request is not medically necessary and appropriate.