

<b>Case Number:</b>	CM14-0113760		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	02/27/2013
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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 Illinois. 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 26-year-old female who reported an injury on 02/27/2013 due to an unknown mechanism. Diagnosis was paresthesias from myofascial pain. Past treatment was right shoulder injection under ultrasound guidance. Diagnostic studies were not reported. There were no subjective complaints reported. There were no objective physical exam findings. Medications were Terocin patch, treatment plan was for right shoulder cortisone injection. The rationale and request for authorization were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder cortisone injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

**Decision rationale:** The request for right shoulder cortisone injection is not medically necessary. The ACOEM Guidelines state invasive techniques have limited proven value. If pain with elevation significantly limits activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy (i.e., strengthening

exercises and nonsteroidal anti-inflammatory drugs) for 2 to 3 weeks. The evidence supporting such an approach is not overwhelming. The total number of injections should be limited to 3 per episode allowing for assessment of benefit between injections. The documents submitted for review did not have a physical examination of the injured worker. Medications and past treatment modalities were not reported. Therefore, the request is not medically necessary.