

<b>Case Number:</b>	CM14-0129081		
<b>Date Assigned:</b>	09/29/2014	<b>Date of Injury:</b>	03/20/2009
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 Internal 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 injured worker (IW) is a 56-year-old woman with a date of injury of March 20, 2009. The mechanism of injury was not documented in the medical record. Pursuant to the last progress note dated July 16, 2014, the IW complains of bilateral shoulder pain. Pain level has increased since last visit. She does not report any change in location of pain. Quality of sleep is poor. She is not trying any other therapies for pain relief. Activity level has remained the same. The IW is taking her medications as prescribed. She reports that the medications are working well with no side effects. The IW reports that the shoulder has been more painful lately and is interested in a steroid injection for the pain. On examination, right shoulder movements are restricted with flexion limited to 160 degrees, abduction limited to 120 degrees, internal rotation behind body limited to 30 degrees, and external rotation limited to 75 degrees. Hawkins test is positive. Neer's test is positive. Drop arm test is positive. Tenderness to palpation (TTP) noted in the acromioclavicular joint and subdeltoid bursa. Left shoulder examination reveals no limitation in flexion, extension, adduction, abduction, action elevation, passive elevation, or external rotation. Hawkins test is positive. Neer's test is positive. Drop arm test is negative. There is TTP noted in the acromioclavicular joint. The IW has been diagnosed with shoulder pain. Current medications include: Trazadone 100mg, Zolof 50mg, Flexeril 10mg, Gabapentin 300mg, Imitrex 50mg, Norco 10/325mg, and Omeprazole 20mg. Treatment plan recommendations include trial bilateral shoulder steroid injection to address pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left shoulder injection:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder Section, Steroid Injection

**Decision rationale:** Pursuant to the Official Disability Guidelines, steroid injection to the left shoulder is not medically necessary. The guidelines enumerated criteria for steroid injection in the shoulder. Diagnoses include adhesive capsulitis, impingement syndrome, and rotator cuff problems, except for posttraumatic impingement of the shoulder. Symptoms not controlled adequately by recommended conservative treatments; pain interferes with functional activities; intended for short-term control of symptoms to resume conservative medical management; generally performed without fluoroscopic or ultrasound guidance; only one injection should be scheduled start rather than a series of three; a second injection is not recommended if the first has resulted in complete resolution of symptoms or there has been no response; and the number of injections should be limited to three. In this case, the injured worker had a diagnosis of shoulder pain. There was no discussion of adhesive capsulitis, impingement syndrome or rotator cuff problems. There was no MRI of the left shoulder in the record. Consequently, the documentation does not support the administration of the steroid injection to the left shoulder. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, steroid injection to the left shoulder is not medically necessary.

**Right shoulder injection:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder Section, Steroid Injection

**Decision rationale:** Pursuant to the Official Disability Guidelines, steroid injection to the right shoulder is not medically necessary. The guidelines enumerated criteria for steroid injection in the shoulder. Diagnoses include adhesive capsulitis, impingement syndrome, and rotator cuff problems, except for posttraumatic impingement of the shoulder. Symptoms not controlled adequately by recommended conservative treatments; pain interferes with functional activities; intended for short-term control of symptoms to resume conservative medical management; generally performed without fluoroscopic or ultrasound guidance; only one injection should be scheduled start rather than a series of three; a second injection is not recommended if the first has resulted in complete resolution of symptoms or there has been no response; and the number of injections should be limited to three. In this case, the injured worker had a diagnosis of shoulder pain. There was no discussion of adhesive capsulitis, impingement syndrome or rotator cuff problems. MRI of the right shoulder was performed which showed mild tendinopathy; no

evidence of rotator cuff rupture. Consequently, the documentation does not support the administration of the steroid injection to the right shoulder. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, steroid injection to the right shoulder is not medically necessary.