

<b>Case Number:</b>	CM14-0136665		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	09/24/2012
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 & Rehabilitation 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 is a 50 year old male with an original industrial injury on 9/24/2012. The patient developed chronic shoulder pain, neck pain, possible CRPS (Complex Regional Pain Syndrome), low back pain, and bilateral shoulder impingement. Conservative treatments to date have included topical medications, pain medications, chiropractic manipulation, acupuncture, and right shoulder steroid injection. The disputed issue is a request for left steroid injection of the shoulder. This was non-certified in a utilization review determination which offer the rationale that the patient's cervical radiculopathy could be mimicking the shoulder impingement syndromes and that there was no documentation of conservative shoulder care with physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left shoulder steroid 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): 204.

**Decision rationale:** The California Medical Treatment Utilization references Chapter 9 of the ACOEM Guidelines with regard to shoulder steroid injections. ACOEM specifies: "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 non-steroidal anti-inflammatory drugs) for two to three weeks. The evidence supporting such an approach is not overwhelming. The total number of injections should be limited to three per episode, allowing for assessment of benefit between injections. (Page 204)" In the case of this injured worker, the conservative care to the cervical and lumbar spine is noted in the submitted documentation, including multiple chiropractor notes. It is not apparent whether the patient has failed physical therapy or manipulative therapy for the left shoulder. This is appropriate prior to a trial of steroid injection. This request of Left shoulder steroid injection is not medically necessary and appropriate.