

<b>Case Number:</b>	CM14-0138466		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	10/10/2006
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Maryland. 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 patient is a 54 year old female with a work injury dated 10/10/06. The diagnoses include shoulder Pain; elbow Pain (Right); lumbar degenerative disc disease; low back pain. Under consideration is a request for 1 shoulder injection. There is a primary treating physician report dated 8/13/14 that states that the patient has neck pain radiating from neck down right arm, lower backache and left shoulder pain. Patient rates her pain with medications as 8.5 on a scale of 1 to 10. Patient rates her pain without medications as 10 on a scale of 1 to 10. Quality of sleep is poor. Activity level has remained the same. She states she lifted a heavy pot last month and aggravated her right anterior shoulder. She is pending right shoulder injection. Pain to the right upper shoulder rated 5-6/10 with meds. On exam of the right shoulder inspection of the shoulder joint reveals no swelling, deformity, joint asymmetry or atrophy. Movements are restricted with flexion limited to 135 degrees limited by pain, extension limited to 40 degrees limited by pain and abduction limited to 120 degrees. Hawkins test is positive. Neer test is positive. Speeds test is positive. On palpation, tenderness is noted in the acromioclavicular joint and trapezius and supraspinatus. Motor testing is limited by pain. Motor strength of elbow flexors are 5/5 on both sides, elbow extensors is 5/5 on both sides, shoulder flexors is 5/5 on both sides, shoulder abduction is 5/5 on both sides. Patient moves all extremities well. The treatment plan states that she states she lifted a heavy pot last month and aggravated her right anterior shoulder. She is pending right shoulder injection. A right shoulder injection is requested. She had a right shoulder injection - Jan 2014 gave 80 % relief. A 6/18/14 document states that she had a right shoulder injection in Jan. 2014 which gave 80% relief 1.5 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 right shoulder injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (acute & chronic)

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

**Decision rationale:** Right shoulder injection is not medically necessary per the MTUS ACOEM guidelines. The guidelines states that 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. The documentation indicates that the patient has had a prior injection in January 14 which gave 80% relief but only lasted 1.5 weeks. The request does not indicate what will be injected into the right shoulder. The most recent exam noted that the patient moves all extremities well. There is no indication that she has pain with elevation that severely limits her activities. The request for a right shoulder injection is not medically necessary.