

<b>Case Number:</b>	CM14-0139669		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	07/08/2010
<b>Decision Date:</b>	11/28/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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 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 38 year old female with a date of injury on 7/8/2010. She is diagnosed with (a) left shoulder impingement syndrome and (b) left carpal tunnel syndrome. Per the 5/27/2014 records, she complained of left shoulder pain with nocturnal pain. Pain was noted with washing. She also complained of numbness and paresthesias of the left hand for 6-7 months. An objective examination noted positive special provocative orthopedic tests of the shoulders. Range of motion was limited. X-rays of the shoulder showed type II acromial impingement. Other treatments provided include physical therapy. Per the 8/14/2014 records, the injured worker reported that therapy has helped with range of motion, but the pain returned. She also complained of left hand numbness that goes on and off. She also noted numbness in the right hand. An objective examination noted positive impingement and Hawkin's signs. Bilateral hands/wrist examination noted a positive Tinel's, Phalen's test and compression tests.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left shoulder subacromial cortisone injection:** Overturned

**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 based on Non-MTUS Citation Official Disability Guidelines (ODG)  
Shoulder, Steroid Injections

**Decision rationale:** According to evidence-based guidelines, if pain with elevation significant 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 or three weeks. Other guidelines indicate that steroid injections are indicated for rotator cuff injuries, impingement syndrome, and adhesive capsulitis. Up to three injections may be provided. In this case, the injured worker is noted to be diagnosed with impingement syndrome. Although she continued to work on a full-time basis, she was unable to do functional activities including carrying items. She has difficulty driving, sleeping, and combing her hair. The therapy notes further indicate she has difficulty in active range of motion of the shoulder. She has undergone physical therapy but this only provided non-significant short-term relief. Given that the clinical presentation of the injured worker including failure of conservative treatments and functional limitations, the indications for corticosteroid injection of the left shoulder is met. Therefore, the medical necessity of the requested left shoulder subacromial cortisone injection is established. The injured worker is diagnosed with impingement syndrome of the left shoulder. She has functional limitations as well as evidence of failure of conservative treatments.