

<b>Case Number:</b>	CM14-0145874		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	04/09/2009
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 Occupational 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:

This patient is a 65 year old male who developed low back, cervical and right shoulder problems subsequent to an injury dated 4/09/09. He has had medical legal evaluation(s) that diagnosed right shoulder impingement with tendonitis. The treating physician has documented continued right shoulder exam finding consistent with an ongoing inflammatory condition. No left shoulder exam findings are documented in the records reviewed. Initial requests were for a right shoulder injection. More recently, bilateral shoulder injections were requested without documentation supporting a change in the requests.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultrasound guided cortisone injection left shoulder:** Upheld

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

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

**Decision rationale:** MTUS Guidelines supports the judicious use of subacromial shoulder injections if the shoulder is symptomatic, has specific physical exam findings and has not responded to conservative care. These conditions have not been met to justify this request.

There are no specific exam findings and no history of conservative care. Therefore, based on guidelines and a review of the evidence, the request for Left Shoulder Injection is not medically necessary.