

<b>Case Number:</b>	CM14-0165327		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	08/02/2012
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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, has a subspecialty in Pain 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 is a patient with a date of injury of August 2, 2012. A utilization review determination recommends non-certification for a shoulder injection. A progress report dated August 21, 2014 identifies subjective complaints of continued pain in the right shoulder with popping and weakness. The patient also has pain and tightness in the left shoulder especially when attempting to reach above the shoulder level. Physical examination reveals restricted right shoulder abduction with reduced strength. The patient also has a positive impingement sign. The left shoulder reveals tenderness of the acromioclavicular joint and subacromial region, restricted range of motion, and a positive impingement sign. The cervical spine revealed paravertebral tightness and tenderness in the bilateral trapezius region. Diagnoses include status post repair of torn rotator cuff of the right shoulder with a possible recurrent tear and bursitis of the left shoulder. The treatment plan recommends a trial of corticosteroid injection into the subacromial region of the left shoulder and a home exercise program with stretching. An MR arthrogram is recommended for the right shoulder. A progress report dated July 10, 2014 recommends continuing her course of physical therapy and home exercise. The note recommends modified duty with limitations upon upper extremity lifting.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Corticosteroid Injection Subacromial Left Shoulder:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Shoulder, Steroid injections

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder

**Decision rationale:** Regarding the request for Shoulder injection, Chronic Pain Medical Treatment Guidelines support the use of a subacromial injection if pain with elevation significantly limits activity following failure of conservative treatment for 2 or 3 weeks. They go on to recommend the total number of injections should be limited to 3 per episode, allowing for assessment of benefits between injections. Official Disability Guidelines recommend performing shoulder injections guided by anatomical landmarks alone. Guidelines go on support the use of corticosteroid injections for adhesive capsulitis, impingement syndrome, or rotator cuff problems which are not controlled adequately by conservative treatment after at least 3 months, when pain interferes with functional activities. Guidelines state that a 2nd injection is not recommended if the 1st has resulted in complete resolution of symptoms, or if there has been no response. Within the documentation available for review, it appears the patient has left shoulder pain which has failed conservative treatment for over 2 to 3 weeks. There is documentation of activity limitation as a result of the shoulder condition. Therefore, the currently requested "corticosteroid injection subacromial left shoulder" is medically necessary.