

<b>Case Number:</b>	CM14-0166871		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	04/16/2014
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 60-year-old male with a 4/16/14 date of injury. At the time (9/8/14) of request for authorization for left shoulder cortisone injection, there is documentation of subjective (left shoulder pain) and objective (tenderness over the bicipital groove, decreased range of motion with pain, negative Neer's test, and negative Hawkin's impingement test) findings, current diagnoses (proximal tear of the left shoulder biceps tendon and partial undersurface tear of the rotator cuff), and treatment to date (medications and previous injection). There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of cortisone injection provided to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left shoulder cortisone injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Shoulder Procedure Summary, Criteria for Steroid Injections

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Steroid Injections

**Decision rationale:** MTUS reference to ACOEM Guidelines identifies that shoulder injection is recommended as part of an exercise rehabilitation program to treat rotator cuff inflammation, impingement, or small tears, and that partial thickness tears can be treated the same as impingement syndrome. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of pain with elevation significantly limiting activities and conservative therapy (i.e., strengthening exercises and NSAIDs) for two to three weeks, as criteria necessary to support the medical necessity of subacromial cortisone injections. Within the medical information available for review, there is documentation of diagnoses of rotator tear of the left shoulder biceps tendon and partial undersurface tear of the rotator cuff. In addition, given documentation of objective (decreased range of motion with pain) findings, there is documentation of pain with elevation that significantly limits activities. Furthermore, there is documentation of failure of conservative therapy (medication) for two to three weeks. However, given documentation of treatment to date (previous injection), there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of cortisone injection provided to date. Therefore, based on guidelines and a review of the evidence, the request for left shoulder cortisone injection is not medically necessary.