

<b>Case Number:</b>	CM14-0175413		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	03/16/2014
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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 Interventional Spine 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 patient is a 47-year-old female with a date of injury of 03/16/2014. The listed diagnoses per [REDACTED] are: 1. Sprain ACJ left and arthritis. 2. Cervical arthritis. According to progress report 09/09/2014, the patient has ongoing left shoulder pain accompanied with paresthesia in the fingertips of the left hand. Objective findings indicate that neck rotation causes pain and paresthesia into the left hand. Left shoulder abduction with neck rotation to the left increases pain which radiates into the shoulder and scapular region. The treating physician states that the patient has "underlying cervical arthritis." The request is for a trial of therapeutic injection of the left shoulder. Utilization review denied the request for left shoulder injection on 10/10/2014. Treatment reports from 06/26/2014 through 09/09/2014 were provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Therapeutic injection for left shoulder (steroid injection):** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.

**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 injection under the shoulder chapter

**Decision rationale:** This patient presents with continued left shoulder pain. The treating physician is requesting a trial therapeutic injection for the left shoulder. ACOEM Guidelines page 213 states "2 or 3 subacromial injections of local anesthetic and cortisone preparation over an extended period as part of an exercise rehabilitation program to treat rotator cuff inflammation, impingement syndrome, or small tears. Diagnostic lidocaine injections to distinguish pain sources in the shoulder area, for example, impingement." ODG Guidelines on shoulder steroid injection under the shoulder chapter also states "recommend up to 3 injections, steroid injections compared to physical therapy seemed to have better initial but worse long-term outcomes." In this case, given the patient's continued pain and ACJ arthritis a trial injection into the left shoulder is within guidelines. Recommendation is for medically necessary.