

<b>Case Number:</b>	CM14-0187446		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	05/27/2011
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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:

According to the records made available for review, this is a 54-year-old male with a 5/27/11 date of injury. At the time (10/21/14) of request for authorization for Right shoulder steroid injection, there is documentation of subjective (right shoulder pain) and objective (tenderness over the shoulder joint with grinding) findings, current diagnoses (right shoulder rotator cuff injury), and treatment to date (medications and physical therapy). There is no (clear) documentation of pain with elevation that significantly limits activities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder steroid injection:** Upheld

**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): 204.

**Decision rationale:** MTUS reference to ACOEM guidelines identifies documentation of pain with elevation that significantly limits activities and failure of conservative therapy (i.e. strengthening exercises and nonsteroidal anti-inflammatory drugs) for two to three weeks, as criteria necessary to support the medical necessity of subacromial injection of local anesthetic

and a corticosteroid preparation. Within the medical information available for review, there is documentation of a diagnosis of right shoulder rotator cuff injury. In addition, there is documentation of failure of conservative therapy (medications and physical therapy) for two to three weeks. However, despite documentation of objective (tenderness over the shoulder joint with grinding) findings, there is no (clear) documentation of pain with elevation that significantly limits activities. Therefore, based on guidelines and a review of the evidence, the Right shoulder steroid injection is not medically necessary.