

<b>Case Number:</b>	CM14-0022999		
<b>Date Assigned:</b>	05/14/2014	<b>Date of Injury:</b>	08/17/2011
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for shoulder pain, wrist pain, neck pain, and forearm pain reportedly associated with an industrial injury of August 17, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; lumbar epidural steroid injection therapy; unspecified amounts of acupuncture, massage therapy, and psychotherapy; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated January 27, 2014, the claims administrator denied a request for shoulder corticosteroid injections under ultrasound guidance. The claims administrator exclusively cited non-MTUS ODG Guidelines, although the MTUS did address the topic. The claims administrator based this denial on the fact that the attending provider had not documented any active symptoms associated with the left shoulder. The claims administrator suggested alternative treatment in the form of additional physical therapy, however, in its denial. In a February 14, 2013 progress note, the applicant was described as having persistent complaints of neck pain, headaches, shoulder pain, and wrist pain. The applicant was reportedly not exercising. The applicant was given work restrictions. The applicant's work status was not provided on that occasion. In a January 2, 2013 progress note, the attending provider noted that the applicant had complaints of neck pain, upper back pain, mid back pain, low back pain, right shoulder pain, and bilateral wrist pain as of that point in time. On April 29, 2014, the applicant was described as off of work, on total temporary disability. The patient applicant continued to have back and leg complaints, it was stated, at that point in time. The applicant was using a cane to move about. On March 27, 2014, the applicant was described as having pain about the back, neck, and shoulders. The applicant was described as using Zolof, Ativan, Norco, and tizanidine as of this point in time. Norco and tizanidine were refilled. The applicant was asked to pursue

medial branch blocks. The applicant had limited right shoulder range of motion and 4/5 shoulder strength. On February 10, 2014, the applicant reported persistent right shoulder pain with associated complaints of neck pain, back pain, and wrist pain, 8/10. The applicant was not working, it was stated. Tenderness is appreciated about the trapezius. Positive signs of internal impingement were noted about the right shoulder. The applicant was placed off of work and asked to pursue epidural injections, physical therapy, and shoulder corticosteroid injection therapy.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **CORTISONE INJECTION WITH ULTRASOUND GUIDANCE TO THE BILATERAL SHOULDERS: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213.

**Decision rationale:** While the MTUS-adopted ACOEM Guidelines in Chapter 9, Table 9-6, page 213 do recommend two to three subacromial injections of local anesthetic and cortisone as part of an exercise rehabilitation program to treat rotator cuff inflammation, impingement, or small tears. In this case, however, no clear rationale for the procedure in question has been provided. It is further noted that the attending provider's progress notes document symptoms associated with the right shoulder but do not document symptoms associated with the left shoulder. There was no mention of any active complaints associated with the left shoulder. It was not clearly stated that the applicant would employ the injections in conjunction with an exercise program or rehabilitation program. Rather, the fact that the applicant remains off of work, on total temporary disability, and is not, in fact exercising, taken together, suggests that the applicant and/or attending provider do not intend to employ the injection in question in conjunction with a rehabilitation program or exercise program. The applicant has no seeming symptoms associated with the left shoulder, one of the body parts for which the injections were requested. Therefore, the request is not medically necessary.