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| <b>Case Number:</b>   | CM14-0023895 |                              |            |
| <b>Date Assigned:</b> | 06/11/2014   | <b>Date of Injury:</b>       | 05/12/2011 |
| <b>Decision Date:</b> | 08/05/2014   | <b>UR Denial Date:</b>       | 02/12/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/25/2014 |

### 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 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 39 year old female with 05/12/2011 injury date. She experienced right shoulder pain, when her arm was pulled by dropping a box. She has been treated for right shoulder tendonitis/possible rotator cuff tear and then for suspected thoracic outlet syndrome. Treatment to date has included physical therapy, acupuncture, medication, and cortisone injection. The patient had a Qualified Medical evaluation on 8/29/2013. The patient's past treatment history is reviewed. The report documents that her prior treatment included a cortisone injection into the right shoulder without benefit improvement. Right shoulder magnetic resonance imaging (MRI) on 8/5/2011 was considered unremarkable, and 5/31/2011 right shoulder x-rays were normal. The diagnoses were 1. Thoracic outlet syndrome; 2. Probable cervical radiculopathy; 3. Right rotator cuff tendinitis. A cervical MRI was recommended. As well as referral for panel vascular surgery Qualified Medical evaluation. The cervical MRI on 11/1/2013 revealed no extruded cervical disc herniation or spinal stenosis or abnormality in the cervical cord. The patient had a consultation on 1/10/2014 for her right shoulder pain. She has constant pain of varying severity. Shoulder range of motion is not limited. Pain radiates to the hand. She has pain reaching overhead and back. There is no instability. She continues working full duty. She has not been off work for this injury. She takes Vicodin PRN. On physical examination, cervical motion is full and painless. Shoulder range of motion is 180 degrees flexion and abduction, 70 degrees ER and IR to L1. There is painful arc, tenderness at biceps tendon, no crepitus, positive impingement 1, and normal strength. She has 1+ pain with 4+ strength on resisted supination, normal strength and no pain with other special tests. Tinels' positive at right wrist. DTRs are 2+ symmetric and sensation is intact to all dermatomes. Cervical x-rays taken and read as normal. Diagnoses: Right bicipital tendonitis, right supraspinatus tendonitis, and right carpal tunnel syndrome (CTS). Recommendations are icing program, anti-inflammatory gel, and cortisone injection.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **CORTISONE INJECTION TO RIGHT SHOULDER:** 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): 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Steroid injections.

**Decision rationale:** The American College of Occupational and Environmental Medicine (ACOEM) recommends in the initial phase of treating shoulder complaints, two or three sub-acromial 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. The Official Disability Guidelines (ODG) recommends cortisone injections for the shoulder for diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems. The injection may be given if pain is not controlled adequately by recommended conservative treatments (physical therapy and exercise, Non-steroidal anti-inflammatory drug (NSAIDs) or acetaminophen), after at least 3 months; pain interferes with functional activities (eg, pain with elevation is significantly limiting work). In this case, the patient does not have any limitations in performing work or functional activities. In addition, the medical records do not establish the patient has significant pain that has failed to respond to standard conservative care over at least 3 month period. In addition, the patient had previously been provided a cortisone injection to the shoulder, which was of no benefit. Per the guidelines, a second injection is not recommended if the first has resulted in complete resolution of symptoms, or if there has been no response. The request is not supported as medically necessary. The request is not medically necessary and appropriate.