

<b>Case Number:</b>	CM14-0033008		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	07/06/2013
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 low back and shoulder pain reportedly associated with an industrial injury of July 6, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of acupuncture; unspecified amounts of physical therapy; and a left shoulder corticosteroid injection performed on February 27, 2014. In a Utilization Review Report dated March 12, 2014, the claims administrator retrospectively denied a corticosteroid injection to the shoulder apparently performed on February 27, 2014. The claims administrator stated that the request should be denied on the grounds that the applicant had not failed conservative management. The claims administrator did not incorporate cited MTUS or non-MTUS Guidelines into its rationale. On February 27, 2014, the applicant was described as presenting with persistent complaints of low back and shoulder pain, reportedly severe. The applicant was on Naprosyn, Norflex, and Neurontin, it was stated. The applicant exhibited painful and limited range of motion about the left shoulder; it was suggested, with diminished grip strength about the same. The applicant was given a shoulder corticosteroid injection and placed off of work, on total temporary disability. The applicant had previously undergone a knee arthroscopy on February 5, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for left shoulder injection (Celestone 1 cc and Xycloaine 3 cc) provided on 02/27/2014:** Overturned

**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:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, page 204, a subacromial injection of corticosteroid and anesthetic may be indicated after conservative therapy in the form of strengthening exercise and/or NSAIDs for two to three weeks has been tried and/or failed. In this case, as suggested by the attending provider, the applicant had seemingly failed several months of conservative treatment in the form of time, medications, physical therapy, etc. The applicant was having complaints of severe shoulder pain on the date of service in question, February 27, 2014. The applicant did have limited shoulder range of motion noted on that date. A first-time corticosteroid injection was indicated, appropriate, and supported by ACOEM. Therefore, the request was medically necessary.