

<b>Case Number:</b>	CM14-0038407		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	05/13/2001
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 Nevada. 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 injured worker is a 69-year-old male who was reportedly injured on May 31, 2001. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated June 10, 2014, indicated that there were ongoing complaints of neck and shoulder pains. This note stated that the injured employee had a diagnoses of shoulder impingement and cervical spine degenerative disc disease. The physical examination demonstrated decreased cervical spine range of motion and a positive Spurling's test to the right side. Examination of the right shoulder showed impingement signs. Examination of the lumbar spine showed pain with lumbar spine extension and a negative straight leg raise test. Diagnostic imaging studies reported a partial thickness rotator cuff tear, superior labrum degenerative tearing and acromioclavicular joint arthrosis. Previous treatment included medication management. A request was made for a cortisone injection to the right shoulder and was not certified in the pre-authorization process on March 31, 2014.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, SHOULDER CHAPTER.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG -TWC/ODG Integrated Treatment/Disability Duration Guidelines; Shoulder (Acute & Chronic) - Steroid Injections: (updated 4/25/14).

**Decision rationale:** The previous utilization management review did not certify the request for a cortisone injection to the right shoulder stating that there was no diagnosis of impingement syndrome. The recent progress note, dated June 10, 2014, did indicate a diagnosis of right shoulder impingement syndrome, and there were impingement signs on physical examination. The Official Disability Guidelines supports the administration of a steroid injection for the shoulder for diagnosis of impingement syndrome and for symptoms that have not been controlled adequately by previous conservative treatment. This request for a right shoulder cortisone injection is medically necessary.