

<b>Case Number:</b>	CM14-0040469		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	06/20/2011
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of June 20, 2011. Thus far, the applicant has been treated with analgesic medications; earlier shoulder surgery; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy. In a utilization review report dated March 21, 2014, the claims administrator apparently conditionally denied a request for cortisone injection, Motrin, and Norco. In a progress note dated February 30, 2014, the applicant was placed off of work, on total disability. The applicant was asked to continue with postoperative physical therapy. In an April 11, 2014 progress note, the applicant was again placed off of work, on total disability. The applicant was described as having persistent shoulder pain complaints, in the 7/10 range. Limited flexion and abduction to 90 to 95 degrees were noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The prospective request for 1 cortisone injection right shoulder between 3/14/2014 and 5/19/2014.:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

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

**Decision rationale:** As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 9, Table 9-6, page 213, two to three subacromial injections are recommended over an extended part as part of an exercise rehabilitation program to treat rotator cuff inflammation, impingement syndrome, and/or small tears. In this case, the applicant did seemingly fail to respond favorably to earlier shoulder arthroscopy of September 2013, time, medications, and postoperative physical therapy. The applicant was still off of work, on total disability, and had significantly limited shoulder range of motion testing as of the date the corticosteroid injection was sought. An injection is therefore indicated. Accordingly, the request is medically necessary.