

<b>Case Number:</b>	CM14-0040662		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	11/29/2009
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 records presented for review indicate that this 31-year-old female was injured on November 29, 2009. The mechanism of injury was a fall. The most recent progress note, dated December 17, 2013, indicates that there are ongoing complaints of left shoulder pain low back pain, as well as weakness and instability of the left ankle. The physical examination demonstrated positive impingement signs of the left shoulder and decreased range of motion with abduction to 120, flexion to 120, internal rotation to 40, and external rotation to 40. Instability was noted at the left ankle and there was tenderness along the course of the peroneal tendons. Left ankle laxity was noted with stress testing. There was decreased lumbar spine range of motion and tenderness along the lumbar spine paraspinous musculature. A cortisone injection was given to the left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Cortisone Injection of Left Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** According to the Official Disability Guidelines a steroid injection is indicated for impingement syndrome of the shoulder, however this is only after there has been noted failure to improve with other conservative treatment such as physical therapy, exercise, and anti-inflammatory medications after at least three months time. The medical record does not indicate that the injured employee has tried and failed these conservative measures. Therefore this request for a retrospective cortisone injection of the left shoulder is not medically necessary.