

<b>Case Number:</b>	CM14-0047575		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	01/14/1993
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2014

### 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 64-year-old female who was reportedly injured on January 14, 1993. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated February 6, 2014, indicated that there were ongoing complaints of neck pain and bilateral shoulder pain. Current medications include Percocet, Effexor, Plaquenil, prednisone, Methotrexate, Celebrex, Lidoderm patches, Colace, Reglan, Prilosec and Lunesta. The physical examination demonstrated abduction of the right shoulder limited to 100 and tenderness at the posterior aspect of the shoulder joint. Diagnostic imaging studies reported a split tear of the biceps and tendinopathy of the rotator cuff. Previous treatment included left shoulder surgery and a cervical spine fusion. A right shoulder injection was given, and there was a request for an ankle foot orthotic brace. A request was made for Kenalog 10 mg/Lidocaine 4 mL injection for the right shoulder and was not certified in the pre-authorization process on March 21, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Kenalog10mg/Lidocaine 4ml injection,for the right shoulder, QTY: 1 for the date of service 02/06/2014: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Online Edition, Chapter Shoulder, Steroid Injections.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Steroid Injections.

**Decision rationale:** According to the official disability guidelines, steroid injections for the shoulder are indicated for use of capsulitis, impingement, or rotator cuff problems, which are not adequately controlled by conservative treatments. This should be shoulder pain which interferes with functional activities. According to the most recent progress note dated February 6, 2014, the injured employee has tendinopathy of the rotator cuff, and symptoms are persisting, despite the treatment rendered thus far. Limited range of motion was demonstrated on physical examination. Therefore, this request for a Kenalog 10 mg/Lidocaine 4 mL injection for the right shoulder is medically necessary.