

<b>Case Number:</b>	CM14-0053291		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	09/05/2012
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	04/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 & 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 42-year-old male was reportedly injured on September 5, 2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated June 3, 2014, indicates that there are ongoing complaints of right shoulder pain and low back pain. The physical examination demonstrated decreased right shoulder range of motion in flexion and abduction as well as internal rotation. There was a positive impingement test. Examination of the thoracic and lumbar spine noted tenderness of the paravertebral muscles and decreased range of motion as well as muscle spasms. There was a positive straight leg raise test. Diagnostic imaging studies of the right shoulder showed tendinosis of the supraspinatus tendon with a full thickness tear of the anterior and mid portions as well as tendinosis of the subscapularis tendon and mild degenerative changes of the acromioclavicular joint. Previous treatment includes physical therapy a request had been made for right shoulder Kenalog injections and an MRI of the right shoulder and was not certified in the pre-authorization process on April 18, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for right shoulder Kenalog injection (DOS 4/3/2014):** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SHOULDER, STEROID INJECTIONS, UPDATED JULY 29, 2014.

**Decision rationale:** According to the Official Disability Guidelines, steroid injections are indicated for shoulder conditions including adhesive capsulitis, impingement syndrome, or rotator cuff problems when symptoms are not adequately controlled by conservative treatment such as physical therapy, anti-inflammatory medications, or acetaminophen. According to the attached medical record the injured employee has had right shoulder symptoms since September 5, 2012, and has failed to improve with conservative treatment. There is also signs of impingement syndrome on physical examination. Therefore this retrospective request for a right shoulder Kenalog injection is medically necessary.

**1 MRI right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-9. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SHOULDER, MAGNETIC RESONANCE IMAGING, UPDATED JULY 29, 2014.

**Decision rationale:** According to the Official Disability Guidelines a repeat MRI for the shoulder is not routinely recommended and should be reserved for significant change in symptoms and/or findings suggestive of significant pathology. It is unclear why there is a request for an MRI of the right shoulder as this study was just completed on September 18, 2013, and the medical record does not indicate that there has been a change in the injured employee symptoms since this MRI was completed. Therefore this request for an MRI of the right shoulder is not medically necessary.