

<b>Case Number:</b>	CM14-0066007		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	03/28/2013
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### 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, has a subspecialty in Interventional Spine 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 patient is a 37 year old female with an injury date of 03/28/13. Based on the 04/09/14 progress report provided by [REDACTED] the patient complains of pain and limited range of motion to the left shoulder. There is significant tenderness on anterior lateral subacromial and long head biceps. There is positive impingement sign in abduction, internal rotation and forward flexion. Patient is awaiting approval for steroid injection to the left shoulder with ultrasound guidance. Diagnosis: 1. Impingement syndrome of the left shoulder 2. Bicep tendinitis of left shoulder 3. Low-grade partial thickness tears of rotator cuff 4. Degenerative changes of the AC joint MRI to left shoulder on 06/25/13 shows that "acromioclavicular joint degenerative changes and subacromial osteophytosis have increased the risk for impingement." Treatment rendered: Relafen, Prilosec, physical therapy 8-10 sessions, and home exercise program on strengthening subscapula and infraspinatus muscles of left shoulder [REDACTED] is requesting cortisone injection to the shoulder X 3. The utilization review being challenged is dated 04/30/14. The rationale is that "follow-up two or three injections may be a consideration based upon response to initial injection and therapy, therefore request was modified to 'injection X 1'." [REDACTED] is the requesting provider, and he provided treatment reports from 07/24/13 - 04/09/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cortisone injection to the left shoulder X3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines on shoulder steroid injection.

**Decision rationale:** This patient presents with pain and limited range of motion to the left shoulder. The request is for cortisone injection to the shoulder X 3. There is positive impingement sign in abduction, internal rotation and forward flexion. According to ODG guidelines support shoulder injections for various diagnosis for short-term control of symptoms and only one injection is recommended at a time rather than a series. In this case, the treater has asked for a series of 3 which is not supported by the guidelines. Request for cortisone injection to the left shoulder x 3 is not medically necessary and appropriate.