

<b>Case Number:</b>	CM14-0076152		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	06/12/2006
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 neck and shoulder pain reportedly associated with an industrial injury of March 25, 2008. In a Utilization Review Report dated May 12, 2014, the claims administrator denied a shoulder corticosteroid injection. Non-MTUS ODG Guidelines were invoked, despite the fact that the MTUS addresses the topic. The claims administrator stated that it was contesting the attending provider's comments that the applicant in fact had issues with impingement syndrome for which the corticosteroid injection in question would have been indicated. The applicant's attorney subsequently appealed. In an April 8, 2014 progress note, the applicant reported ongoing complaints of shoulder pain, bilateral, right greater than left. The applicant was status post a right shoulder surgery in 2010 and left shoulder surgery in 2009. 6-7/10 residual pain complaints were reported. The applicant was using Percocet and tramadol. A shoulder corticosteroid injection was sought on the grounds that the applicant had reportedly developed a flare of shoulder pain. Some limited shoulder range of motion was appreciated with guarding and diminishing motion evident. A topical compounded medication was also sought, along with the corticosteroid injection at issue.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder injection X1: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines Shoulder.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): Table 9-6, page 214.

**Decision rationale:** As noted in the California MTUS-adopted American College of Occupational and Environmental Medicine (ACOEM) Guidelines in Chapter 9, Table 9-6, page 214, two or three subacromial injections of local anesthetic and cortisone are "recommended" for an extensive period as part of an exercise rehabilitation program to treat rotator cuff inflammation, impingement syndrome, or small tears. Here, the applicant does seemingly carry a diagnosis of residual rotator cuff inflammation following earlier failed shoulder surgery. Time, medications, observation, and other conservative measures had seemingly proved ineffectual. The applicant did present reporting a flare of shoulder pain on or around the date in question. A shoulder corticosteroid injection was indicated to combat the same. Therefore, the request was/is medically necessary.