

<b>Case Number:</b>	CM14-0076733		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	01/29/2010
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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:

According to the records made available for review, this is a 39-year-old male with a 1/29/10 date of injury, and status post left shoulder extensive debridement of the labrum and rotator cuff with subacromial decompression, injection of anesthetic and examination under anesthesia 6/21/12. At the time (5/9/14) of request for authorization for left shoulder injection of Cortisone and Lidocaine under ultrasound guidance, there is documentation of subjective (increased left shoulder pain and difficulty with pushing, pulling, reaching, carrying, lifting and overhead activity) and objective (active forward flexion to 145 degrees, abduction to 120 degrees, internal and external rotation to 60 degrees, tenderness to palpation over greater tuberosity, discomfort with Hawkins and Neers maneuver, and no weakness noted) findings, current diagnoses (status post left shoulder surgery, extensive glenohumeral debridement, subacromial decompression and probable tendinitis/bursitis, left shoulder), and treatment to date (surgery). There is no documentation that shoulder injection is recommended as part of an exercise rehabilitation program and of conservative therapy for two to three weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left shoulder injection of Cortisone and Lidocaine under ultrasound: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ODG-TWC, Online edition chapter: shoulder steroid injections.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Steroid Injections.

**Decision rationale:** MTUS reference to ACOEM Guidelines identifies that shoulder injection is recommended as part of an exercise rehabilitation program to treat rotator cuff inflammation, impingement, or small tears, and that partial thickness tears can be treated the same as impingement syndrome. ODG identifies documentation of pain with elevation significantly limiting activities and conservative therapy (i.e., strengthening exercises and NSAIDs) for two to three weeks, as criteria necessary to support the medical necessity of subacromial cortisone injections. Within the medical information available for review, there is documentation of diagnoses of status post left shoulder surgery, extensive glenohumeral debridement, subacromial decompression and probable tendinitis/bursitis, left shoulder. In addition, there is documentation of pain with elevation significantly limiting activities. However, there is no documentation that shoulder injection is recommended as part of an exercise rehabilitation program. In addition, there is no documentation of conservative therapy for two to three weeks. Therefore, based on guidelines and a review of the evidence, the request for left shoulder injection of Cortisone and Lidocaine under ultrasound guidance is not medically necessary.