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| <b>Case Number:</b>   | CM14-0077399 |                              |            |
| <b>Date Assigned:</b> | 07/18/2014   | <b>Date of Injury:</b>       | 03/28/2009 |
| <b>Decision Date:</b> | 11/24/2014   | <b>UR Denial Date:</b>       | 05/08/2014 |
| <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 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 bilateral shoulder pain reportedly associated with an industrial injury of March 28, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; unspecified amounts of acupuncture; earlier left shoulder surgery; and at least one earlier right acromioclavicular joint injection. In a May 8, 2014 Utilization Review Report, the claims administrator denied a request for a subacromial injection, stating that the applicant should pursue previously authorized acupuncture before obtaining a shoulder corticosteroid injection. The applicant's attorney subsequently appealed. The attending provider did not clearly state which arm he was planning to inject. In an April 17, 2014 progress note, the applicant was described as having had only 20% relief through an earlier right acromioclavicular joint injection. Left shoulder surgery, the applicant stated, had helped him by about 45%. The applicant was returned to regular duty work. Twelve sessions of acupuncture, a subacromial joint injection, and Electrodiagnostic testing were sought. While the applicant was returned to regular duty work (on paper), it did not appear that the applicant was actually working, as the applicant was described on an earlier progress note of April 7, 2014 as having last worked on September 26, 2013. The applicant was also using Norco, Voltaren, Motrin, and a TENS unit as of that point in time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Subacromial Injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, Table 9-6, page 213, prolonged or frequent use of cortisone injections into the subacromial space of the shoulder joint is "not recommended." In this case, the attending provider did not clearly state which arm he was planning to inject. However, the applicant has had at least one prior right shoulder corticosteroid injection. The applicant has failed to respond favorably to the same. The applicant is off of work. The applicant remains highly dependent on various forms of medical treatment, including Norco, Voltaren gel, Motrin, acupuncture, a TENS unit, etc. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS, despite at least one prior shoulder corticosteroid injection. Therefore, the request is not medically necessary.