

<b>Case Number:</b>	CM14-0077720		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	01/30/2013
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/05/2014
<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 Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of cumulative trauma work injury with date of injury of 01/30/13. She continues to be treated for left shoulder and low back pain. The claimant underwent left shoulder arthroscopic surgery with a decompression and biceps tenodesis on 07/22/13. An MR arthrogram of the left shoulder on 03/19/14 showed findings of supraspinatus tendinosis and an acromioclavicular joint separation. An MRI of the lumbar spine on 04/08/14 showed findings of multilevel disc degeneration without apparent neural compromise and an MRI of the cervical spine showed findings of multilevel disc desiccation with a central C5-6 disc herniation and stenosis. She was seen on 04/03/14 and was having constant low back pain, neck pain, mid back pain, bilateral eye and ear pain, difficulty sleeping, and left shoulder pain rated at 6/10 with and 7/10 without medications. Physical examination findings included an anxious and depressed mood. There was bilateral cervical and trapezius muscle spasm with decreased cervical spine range of motion. There was decreased thoracic and lumbar spine range of motion with pain. There was thoracic paraspinal muscle spasm. Ibuprofen, Cyclobenzaprine, Omeprazole, and two compounded creams were prescribed. Authorization for MRI scans of the cervical and lumbar spine, continued chiropractic and physical therapy treatment, and for a lumbar support were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cortisone injection to left shoulder joint and rotator cuff under fluoroscopy and IV (Intravenous) sedation with arthrogram: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Steroid injections.

**Decision rationale:** The claimant has a history of a work-related injury occurring on 01/30/13 and is status post left shoulder arthroscopic surgery with a decompression and biceps tenodesis on 07/22/13. She continues to be treated for left shoulder and low back pain. Criteria for a shoulder injection include a diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems, not controlled adequately by recommended conservative treatments such as physical therapy or medications. After at least 3 months. Shoulder injections are generally performed without fluoroscopic or ultrasound guidance although there is some evidence that the use of imaging improves accuracy. In this case, the claimant has findings of shoulder impingement by imaging and ongoing left shoulder pain that has not responded to physical therapy or medications. Also being requested is a shoulder arthrogram. The claimant has recently had an MR arthrogram of the shoulder which was technically successful and provided the intended diagnostic information. Obtaining another arthrogram under fluoroscopy would not provide any additional information and is not medically necessary. Therefore, the request of cortisone injection to left shoulder joint and rotator cuff under fluoroscopy and IV (Intravenous) sedation with arthrogram is not medically necessary and appropriate.