

<b>Case Number:</b>	CM14-0081452		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	09/09/2011
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 Orthopaedic Surgery 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:

This 47-year-old male sustained an industrial injury on 9/9/11. The mechanism of injury was not documented. The 6/9/12 right shoulder MRI impression documented a low-lying clavicle indenting the supraspinatus muscle. There were acromioclavicular joint hypertrophic changes with an effusion also indenting the supraspinatus muscle. There was mild reduction of the subacromial space and mild bursitis. The 4/17/14 treating physician report cited severe right shoulder pain. The patient had been treated with physical therapy, home exercise and corticosteroid injections with no improvement. Right shoulder exam documented acromioclavicular joint, subacromial bursa, and rotator cuff tenderness. Range of motion testing documented abduction 110 degrees and internal rotation 25 degrees. Impingement sign was positive. Abduction strength was 4+/5. The treatment plan recommended right shoulder arthroscopic surgery. The 5/13/14 utilization review approved the request for right shoulder arthroscopy, subacromial decompression, bursectomy, and Mumford procedure. The request for right shoulder cortisone injection was denied as the patient had prior injections with no improvement and surgery was currently pending. The request for prospective medications was denied as there was no specific medication, dosage or quantity to review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder Cortisone Injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines; Shoulder.

**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:** The California MTUS recommended two or three subacromial cortisone injections over an extended period as part of an exercise rehabilitation program to treat impingement syndrome. The Official Disability Guidelines recommend steroid injections for the shoulder for impingement syndrome. Criteria include pain not adequately controlled by conservative treatments and pain interferes with functional activities. Injections are intended for short term control of symptoms to resume conservative medical management. A second injection is not recommended if the first resulted in no response. Guideline criteria have not been met. Records indicate that the patient has been treated with corticosteroid injections to the right shoulder with no improvement. Surgical treatment is planned, as conservative treatment has failed. Given the lack of improvement and pending surgical treatment, this request for right shoulder cortisone injection is not medically necessary.

**Prospective usage of medications (Names and amounts not provided):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

**Decision rationale:** The California MTUS guidelines support the use of non-prescription medications, non-steroidal anti-inflammatory drugs (NSAIDs), and short courses of narcotic analgesics for shoulder complaints. This request for non-specified medications does not allow for medical necessity to be established. Therefore, this request for prospective usage of medications (names and amounts not provided) is not medically necessary.