

<b>Case Number:</b>	CM14-0087980		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	09/10/2010
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2014

### 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 Orthopedic Surgery, and is licensed to practice in Mississippi. 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 injured worker is a 37-year-old female who was reportedly injured on September 10, 2010. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated June 20, 2014, indicated that there were ongoing complaints of left shoulder pain. The physical examination demonstrated slightly decreased left shoulder range of motion with 160 of forward flexion, 160 of abduction and 10 of internal and external rotation. The treatment plan included gentle range of motion, Ambien, Motrin and Ultram. Diagnostic imaging studies were not reviewed during this visit. Previous treatment is unknown. A request was made for a left shoulder arthrocentesis injection and was not certified in the pre-authorization process on May 20, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Shoulder Arthrocentesis Injection QTY: 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder Chapter; Criteria for Steroid Injections; Joint Fluid Analysis.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG -TWC/ODG Integrated Treatment/Disability Duration Guidelines; Shoulder (Acute & Chronic) - Steroid Injections: (updated 7/29/14).

**Decision rationale:** The Official Disability Guidelines support steroid injections for specific diagnoses: Adhesive capsulitis, impingement syndrome and rotator cuff problems, except for post-traumatic impingement of the shoulder. One injection is supported for failure of 3 months of conservative treatment, pain that interferes with functional activities, and is intended for short-term control of symptoms to resume conservative medical management. Review of the available medical records failed to document conservative treatment to a trial of physical therapy. Furthermore, it is not specified as to where in the shoulder the injection is to be given. Considering this, the request for a left shoulder arthrocentesis injection is not medically necessary.