

<b>Case Number:</b>	CM13-0009280		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	07/29/2001
<b>Decision Date:</b>	01/29/2015	<b>UR Denial Date:</b>	08/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/09/2013

### 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 Rehab, has a subspecialty in Interventional spine 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 patient is a 59 year old female with an injury date of 07/29/01. Based on the 12/04/14 progress report provided by treating physician, the patient complains of left shoulder pain rated 3-10/10. No physical examination findings pertaining to the shoulder. Per progress report 11/06/14, treating physician states that "█ whom patient saw in June 2013 recommended against surgical treatment. █ suggested that the patient's symptoms related to the neck. Requests for steroid injection into her shoulder and a referral for second opinion were denied." Patient is taking Oxycodone per progress report dated 12/04/14. MRI of Left Shoulder, per progress report dated 11/06/14- supraspinatus tendenosis and insertional partial tear about 50%- infraspinatus tendenosis- ganglion cyst adjacent to muscle- subacromial/subdeltoid bursa- moderate AC arthritis EMG/NCS 11/26/14, per progress report dated 12/04/14- evidence of left C7 chronic radiculopathy and acute radiculopathy affecting middle posterior rami Diagnosis 07/03/14, 08/07/14- cervicgia- postlaminectomy lumbar region syndrome- herpes zoster without complications- degeneration of cervical intervertebral disc- postlaminectomy cervical region syndrome- lumbar disc disease- depression NOS- disorder of the bursae and tendons in shoulder region Diagnosis 11/06/14, 12/04/14- shoulder pain- cervical spondylosis without myelopathy- shoulder pain- low back pain The utilization review determination being challenged is dated 08/05/14. The rationale is "There remains, however, information that the claimant had declined a steroid injection and also that an orthopedic consultation had already been completed. There is no documentation supporting the need for another orthopedic consultation ... claimant has indicated that she does not want to proceed with a steroid injection into her left shoulder." Treatment reports were provided from 05/16/13 - 12/17/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Steroid injection into the left shoulder:** Overturned

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

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

**Decision rationale:** The patient presents with left shoulder pain rated 3-10/10. The request is for steroid injection into the left shoulder. Patient's diagnosis on 08/07/14 included disorder of the bursae and tendons in shoulder region, postlaminectomy cervical and postlaminectomy lumbar region syndrome. Patient is taking Oxycodone per progress report dated 12/04/14. For shoulder injections, the ACOEM page 213 allows for 2 to 3 injections as part of a rehabilitation program. ODG Guidelines, Shoulder (Acute & Chronic) Chapter, under Steroid injections states: "Criteria for Steroid injections: Diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems, except for post-traumatic impingement of the shoulder;" Regarding imaging guidance for shoulder injections: "Glucocorticoid injection for shoulder pain has traditionally been performed guided by anatomical landmarks alone, and that is still recommended. With the advent of readily available imaging tools such as ultrasound, image-guided injections have increasingly become more routine. While there is some evidence that the use of imaging improves accuracy, there is no current evidence that it improves patient-relevant outcomes." UR letter dated 08/05/14 states "There remains, however, information that the claimant had declined a steroid injection and also that an orthopedic consultation had already been completed. There is no documentation supporting the need for another orthopedic consultation ... claimant has indicated that she does not want to proceed with a steroid injection into her left shoulder." Per progress report 11/06/14, treating physician states that [REDACTED] whom patient saw in June 2013 recommended against surgical treatment. [REDACTED] suggested that the patient's symptoms related to the neck. Treating physician is requesting steroid injection into her shoulder and a referral for second opinion. MRI of Left Shoulder, per progress report dated 11/06/14 revealed supraspinatus tendinosis and insertional partial tear about 50%; infraspinatus tendinosis; ganglion cyst adjacent to muscle; subacromial/ subdeltoid bursa; and moderate AC arthritis. Patient does have rotator cuff problems supported by post UR dated MRI, for which steroid injection to the shoulder is indicated. There is no documentation of prior steroid injection in review of medical records. The request meets ODG criteria, therefore it IS medically necessary.

**Orthopedic consultation of the left shoulder 2nd opinion:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Glass LS, Blais BB, Genovese E, Goertz M, Harris JS, Hoffman H, et al (eds). Occupational Medicine Practice Guidelines : Evaluation and Management of Common Health Problems and Functional Recovery in Workers, 2nd edition. Beverly Farms, MA : OEM Health Information Press, 2004, Chapter 7, Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127 Consultation

**Decision rationale:** The patient presents with left shoulder pain rated 3-10/10. The request is for orthopedic consultation of the shoulder 2nd option. Patient's diagnosis on 08/07/14 included disorder of the bursae and tendons in shoulder region, postlaminectomy cervical and postlaminectomy lumbar region syndrome. MRI of Left Shoulder, per progress report dated 11/06/14 revealed supraspinatus tendinosis and insertional partial tear about 50%; infraspinatus tendinosis; ganglion cyst adjacent to muscle; subacromial/ subdeltoid bursa; and moderate AC arthritis. Patient is taking Oxycodone per progress report dated 12/04/14. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. UR letter dated 08/05/14 states "There remains, however, information that the claimant had declined a steroid injection and also that an orthopedic consultation had already been completed. There is no documentation supporting the need for another orthopedic consultation ... claimant has indicated that she does not want to proceed with a steroid injection into her left shoulder." Per progress report 11/06/14, treating physician states that [REDACTED] whom patient saw in June 2013 recommended against surgical treatment. [REDACTED] suggested that the patient's symptoms related to the neck. Treating physician is requesting steroid injection into her shoulder and a referral for second opinion. Based on treating physician report date of 11/06/14, it has been over a year since last consult. It would appear that the current treating physician feels uncomfortable with the medical issues and a second opinion from a specialist would benefit patient. Given post UR dated MRI supporting rotator cuff problems, second opinion orthopedic consult appears reasonable. The request is medically necessary.