

<b>Case Number:</b>	CM14-0161684		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	01/15/2006
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	09/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New Jersey

Certification(s)/Specialty: Family Practice

### 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 46-year-old female, who sustained an industrial injury on 1/15/2006. She was diagnosed as having chronic right shoulder pain and chronic neck pain. Treatment to date has included diagnostics, medications and multiple surgical interventions including rotator cuff repair, SLAP repair, biceps tenodesis and neck fusion. Per the Primary Treating Physician's Progress Report dated 8/20/2014, the injured worker reported pain in the neck and right shoulder rated as 8/10 at the highest intensity. Medications bring the pain down 20-30%. Physical examination revealed shoulder range of motion limited to about 90 degrees of abduction and 90 degrees of forward flexion. She has tenderness to palpation at the shoulder joints, subacromial bursa as well as underneath the shoulder in the armpit and towards the trapezius region. The plan of care included continuation of prescribed medications and a request for shoulder aspiration procedure, urine drug screen and hold off on exercising the shoulder until infection is ruled out. Authorization was requested on 8/28/2014 for medications and right shoulder aspiration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RT SHOULDER ASPIRATION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 197.

**Decision rationale:** The MTUS ACOEM Guidelines state that aspiration of the shoulder joint may be indicated in settings of severe joint pain, fever, chills, hypotension, tachycardia, and limited range of motion in order to help diagnose a joint infection. In the case of this worker, the reported persistent shoulder symptoms and physical findings of the right shoulder did not suggest any indication to warrant an aspiration of the joint space (no fever, swelling, chills, etc.). Therefore, the request for aspiration is not medically necessary.