

<b>Case Number:</b>	CM14-0182664		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	04/07/2004
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 is a 55 year old male who sustained a work related injury on April 7, 2004. The mechanism of injury was not provided. The injured worker complained of left shoulder pain. Per Utilization Review documentation dated December 27, 2014, exam of the shoulder revealed impingement signs and decreased range of motion. A progress note dated March 4, 2014 states the injured worker complained of "neck pain which radiated down arms, left shoulder pain and back pain with bilateral radiculopathy." The injured worker had three prior cervical spine surgeries; dates unspecified and developed Post-laminectomy Syndrome. Physical examination revealed pain and decreased range of motion to the cervical spine and lumbar spine. The injured worker received a left shoulder Cortisone injection on April 2, 2014. A progress note dated August 27, 2014 states that injured worker was seen for bilateral upper extremity pain, bilateral shoulder pain and neck pain. The pain level was noted to be increased since the prior visit. Examination of the lumbar spine revealed limited range of motion and tenderness. Left shoulder exam revealed pain and restricted movements with abduction. Diagnoses include brachial neuritis or radiculitis not otherwise specified, Post-laminectomy Syndrome of the cervical region, lumbosacral disc degeneration, lumbosacral spondylosis with myelopathy, spasms of the muscle and Myofascial Pain Syndrome. The injured workers medication protocol included OxyContin 80 mg every eight hours and Oxycodone 30 mg every four hours as needed. Work status was permanent and stationary psych. October 20, 2014 the treating physician requested a right shoulder Cortisone injection. Utilization Review reviewed and denied the request for a right shoulder Cortisone injection due to lack of a detailed right shoulder examination to justify the Cortisone injection.

### 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 Page(s): 271-273.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Shoulder Complaints Page(s): 213.

**Decision rationale:** According to MTUS guidelines, 2 or 3 subacromial injections of cortisone could be used as a part of rehabilitation program to treat rotator cuff inflammation, impingement syndrome or small tear. There is no documentation that a rehabilitation program is considered in this case. There is no clinical information suggesting that the injured worker is suffering from rotator cuff inflammation and impingement syndrome. Therefore the request for right shoulder cortisone injection is not medically necessary.