

<b>Case Number:</b>	CM14-0193052		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	08/14/2014
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine 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:

24y/o female injured worker with date of injury 8/14/12 with related neck and left shoulder pain. Per progress report dated 9/17/14, the injured worker reported severe stiffness in her left shoulder in the collar bone area. Physical exam noted recent range of motion in the neck. The left shoulder had poor range of motion. She had positive Hawkins maneuver with catching and popping on compression of the joint. She had weakness of her infraspinatus and supraspinatus on her left, as well as weakness of her triceps and biceps versus normal strength on the right. MRI of the left shoulder revealed a question of impingement of the acromion on the left shoulder joint. Treatment to date has included physical therapy and medication management. The date of UR decision was 10/24/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kenalog injection to the left shoulder:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

**Decision rationale:** Per the ACOEM guidelines with regard to shoulder injection: Invasive techniques have limited proven value. If pain with elevation significantly limits activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy (i.e., strengthening exercises and nonsteroidal anti-inflammatory drugs) for two to three weeks. The evidence supporting such an approach is not overwhelming. The total number of injections should be limited to three per episode, allowing for assessment of benefit between injections. The documentation submitted for review does contain evidence that the injured worker has failed conservative therapy with muscle relaxants and physical therapy for her shoulder pain. I respectfully disagree with the UR physician's assertion otherwise. It is stated that she had failed cyclobenzaprine, and had about nine sessions of physical therapy after her injury. The request is medically necessary.