

<b>Case Number:</b>	CM14-0206219		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	05/25/2010
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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 Physical Medicine Rehabilitation, 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 61 year old male with an injury date on 05/25/2010. Based on the 10/27/2014 progress report provided by the treating physician, the diagnoses are:1. Chronic left shoulder pain2. Degenerative joint disease of the shoulder According to this report, the patient complains of "ongoing shoulder pain. It has been worse over the past month or two." Patient's current pain level and least pain is a 6/10; and worst pain level is an 8/10. Physical exam of the shoulder reveals tenderness at the anterior/ posterior portion of the joint. Resisted abduction reproduces pain. The 07/07/2014 report indicates the patient has "persistent left shoulder pain. Sleeping on the shoulder reproduces pain." The treatment plan is to request for fluoroscopic-guided shoulder injection, refill Norco, and return in 1-2 month for a follow up visit. There were no other significant findings noted on this report. The utilization review denied the request for Fluoroscopic guided left shoulder injection on 12/03/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 07/07/2014 to 12/10/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fluoroscopic guided left shoulder injection:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder chapter under steroid injection.

**Decision rationale:** According to the 10/27/2014 report, this patient presents with an industrial injury of the left shoulder. Left shoulder pain has been worse over the past month or two. The current request is for Fluoroscopic guided left shoulder injection "to decrease pain, improve range of motion, and decrease his use of medications." The UR denial letter states "there is an indication that this patient has already undergone a previous glenohumeral steroid injection and a suprascapular nerve block, which failed to improve upon the patient's condition. A repeat injection into the left shoulder would not be advisable." Regarding repeat injection, ODG guidelines state "A second injection is not recommended if the first has resulted in complete resolution of symptoms, or if there has been no response." In this case, UR alluded that the patient had a prior shoulder injection with "no significant relief." The treating physician provided no documentations of improvement or complete resolution of symptom from prior injection. MTUS page 8 requires that the treating physician provide monitoring of the patient's progress and make appropriate recommendations. Therefore, the current request for repeat shoulder injection is not medically necessary.