

<b>Case Number:</b>	CM14-0206841		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	01/10/2013
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of January 10, 2013. In a Utilization Review Report dated November 12, 2014, the claims administrator failed to approve a request for shoulder corticosteroid injection therapy. The claims administrator referenced an October 22, 2014 progress note in its determination. The claims administrator stated that the attending provider failed to document poor response to conservative treatment, despite the fact that the applicant was over a year and half removed from the date of injury as of the determination. The applicant's attorney subsequently appealed. In a Medical-legal Evaluation dated October 24, 2014, the medical-legal evaluator noted that the applicant had been laid off by her former employer and did not seemingly have a job to return to. The applicant was Celebrex and tramadol. Permanent work restrictions were not, however, endorsed. The applicant was described as having issues with chronic right shoulder pain status post manipulation under anesthesia surgery. On a progress note dated October 22, 2014, the applicant reported ongoing complaints of right shoulder pain, 4-5/10. The applicant had difficulty falling asleep secondary to pain, it was acknowledged. 150 degrees of right shoulder flexion were noted versus 160 degrees of left shoulder flexion. The applicant was given diagnoses of strain of the bilateral shoulders, tendonitis of the right shoulder, and acromioclavicular sprain of the bilateral shoulders. Physical therapy, MRI imaging, and corticosteroid injection therapy were endorsed. In a progress note dated July 1, 2014, the applicant reported ongoing issues with right shoulder pain and neck pain. The applicant was placed off of work, on total temporary disability. Vocational rehabilitation was endorsed. A functional capacity evaluation of August 29, 2014 also suggested that the applicant's presenting complaints were shoulder pain and upper back pain. In a procedure note dated June 20, 2014, it was suggested that the applicant had received three extracorporeal

shock wave treatments involving the right shoulder. An earlier progress note of May 8, 2014 also alluded to the applicant's having ongoing issues with right shoulder adhesive capsulitis.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Subacromial Injections to the Bilateral Shoulders with Methylprednisolone Kit: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web) 2014, Shoulder, Criteria for Steroid Injections

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Table 9-6- 213.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 213 does recommend two or three subacromial corticosteroid injections over an extended period as part of an exercise rehabilitation program to treat rotator cuff inflammation, impingement syndrome, and/or small tears, in this case, however, all evidence on file points to the applicant's right shoulder as being the sole pain generator here. There was/is little to no description of issues with the left shoulder. On an October 24, 2014 Medical-legal Evaluation, the applicant was described as having issues pertaining to the right shoulder. There was no clear mention or description of issues associated with the left shoulder. Similarly, in an October 22, 2014 progress note, the applicant's new primary treating provider (PTP) likewise described right shoulder issues in the 'present complaints' section of his report. The attending provider did not clearly outline any ongoing issues with left shoulder pain which would support the need for bilateral corticosteroid injections. Since the left shoulder corticosteroid injection component of the request cannot be supported, the request is not medically necessary.