

<b>Case Number:</b>	CM14-0214795		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	05/10/2012
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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 York, Tennessee  
 Certification(s)/Specialty: Emergency Medicine

### 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 70-year-old male who was injured on May 10, 2012. The patient continued to experience pain in his left shoulder. Physical examination was notable for tenderness to palpation of the greater tuberosity of the left shoulder and left trapezius and decreased range of motion of the left shoulder. The patient had undergone left shoulder arthroscopic surgery on October 23, 2014. Diagnoses included rotator cuff syndrome and biceps tendon rupture. Treatment included medications, surgery, home exercise program, and physical therapy. Request for authorization for left shoulder cortisone injection with ultrasound guidance was submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left shoulder Cortisone injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder: Steroid injections

**Decision rationale:** Criteria for steroid injections to the shoulder are as follows:- Diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems, except for post-traumatic impingement of the shoulder;- Not controlled adequately by recommended conservative treatments (physical therapy and exercise, NSAIDs or acetaminophen), after at least 3 months;- Pain interferes with functional activities (eg, pain with elevation is significantly limiting work);- Intended for short-term control of symptoms to resume conservative medical management;- Generally performed without fluoroscopic or ultrasound guidance;- Only one injection should be scheduled to start, rather than a series of three;- A second injection is not recommended if the first has resulted in complete resolution of symptoms, or if there has been no response;- With several weeks of temporary, partial resolution of symptoms, and then worsening pain and function, a repeat steroid injection may be an option;- The number of injections should be limited to three. In this case the patient was 4 weeks post arthroscopic shoulder surgery. there is no documentation that initial treatment with anti-inflammatory medications had been tried. In addition the patient was early in his course of physical therapy treatment. In addition there is ultrasound guidance is not necessary for the procedure. Medical necessity has not been established. The request should not be authorized.