

<b>Case Number:</b>	CM15-0001803		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	12/18/2013
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker is a 54 year old female, who sustained an industrial injury on 12/18/2013. The diagnoses have included cervical myoligamentous injury of the right upper extremity and radiculopathy and medication-induced gastritis. Treatment to date has included pain medications, physical therapy, right shoulder arthroscopic shoulder surgery and right shoulder subacromial decompression and distal clavicle resection. Magnetic resonance imaging (MRI) from 3/25/2014 showed recurrent rotator cuff tear status post prior repair. Per the physician's report from 11/25/2014, the injured worker complained of pain in the right side of her neck radiating through the medial scapular region, right shoulder, anterior chest wall and then the arm to the 4th and 5th digit. She described the majority of her pain to the right side of her neck, medial scapula, trapezius and shoulder region. She had difficulty with most activities of daily living. Current medications included Norco, Ibuprofen, Tamoxifen and Levothyroxine. Examination of the posterior cervical musculature revealed tenderness to palpation bilaterally with increased muscle rigidity. There was decreased range of motion with obvious muscle guarding. It was noted that a diagnostic corticosteroid injection from 11/5/2014 provided complete relief of the right shoulder but not necessarily the medial scapular area or trapezius muscle. She had no change in her arm symptomatology. Work status was temporarily totally disabled. The injured worker received a right intra-articular shoulder joint injection for diagnostic and therapeutic reasons at the 11/25/2014 visit. On 12/11/2014, Utilization Review (UR) non-certified a request for right shoulder Kenalog injection, noting that the injured worker had a diagnostic corticosteroid

injection on 11/5/2014 which provided complete relief of the right shoulder; there was no indication for a repeat injection. The ACOEM Guidelines and ODG were cited.

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

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

#### **Right shoulder Kenalog injection 60mg DOS 11/25/14: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder Procedure Summary

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

**Decision rationale:** The patient presents with pain affecting the neck and right shoulder with radiation to right upper extremity. The current request is for Right shoulder Kenalog injection 60mg DOS 11/25/14. The treating physician report dated 11/25/14 (30B) states, "The purpose for the shoulder joint injection was for diagnostic and therapeutic reasons. A total of 4 cc of solution was injected intra-articular and 1 cc was injected into the subacromial bursa as the needle was withdrawn slightly. A few minutes after the procedure the patient reported very good pain relief and notable increased range of motion." MTUS guidelines do not address the current request. The ODG guidelines state the following regarding steroid injections: 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. Reports provided show the patient received a previous corticosteroid injection in the right shoulder on 11/5/14. The treating physician report dated 11/25/14 (29B) notes that the injection provided complete pain relief of the right shoulder but not the medial scapular area or trapezius muscle. In this case, the patient did experience complete pain relief in the right shoulder but not a complete resolution of symptoms, and symptoms were not adequately controlled by conservative treatments. Furthermore, the patient experiences worsening pain in the right shoulder, medial scapula and trapezius, that is preventing her from completing activities of daily living. The current request for a second corticosteroid injection satisfies the ODG guidelines. Recommendation is for authorization.