

<b>Case Number:</b>	CM15-0006336		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	02/19/2010
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 56 year old female who sustained an industrial injury on 2/19/2010. She has reported a fall down four steps with ensuing upper and lower back pain and shoulder pain. An additional blow to the face caused a detached retina with surgical correction. The diagnoses have included cervical radiculopathy, right shoulder impingement syndrome, right shoulder derangement, left shoulder impingement syndrome and left shoulder internal derangement. Treatment to date has included massage, physical therapy, epidural injections, acupuncture and medication management. Currently, the IW complains of mild to severe neck pain, shoulder pain and low back pain. On 10/9/2014, the injured worker received Cortisone 80 mg injection with local anesthetic to bilateral shoulders. At the time the claimant could perform most activities with the shoulder with aggravating the, There was limited range of motion of both shoulders. On 12/31/2014 Utilization Review non-certified a retrospective review of Cortisone 80 mg injection with local anesthetic to bilateral shoulders-received 10/9/2014, noting the lack of failure of conservative treatments for three consecutive months. The MTUS was cited. On 1/7/2015, the injured worker submitted an application for IMR for a retrospective review of Cortisone 80 mg injection with local anesthetic to bilateral shoulders.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE request for 1 cortisone injection to the bilateral shoulders with an orthopedist to include 80mg plus local anesthetic (Date of service: 10/9/14): Upheld**

**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 (Acute & Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation shoulder pain and steroid injection

**Decision rationale:** According to the guidelines, there was no difference at 3 months in those who received injections and therapy and those who had exercise alone for shoulder impingement. The criteria for shoulder injections are as follows:Diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems, except for posttraumatic 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 andfunction, a repeat steroid injection may be an option;- The number of injections should be limited to three.In this case, the claimant had a shoulder impingement resulting from injury/trauma. In addition, exercise is shown to be equally beneficial. The request for bilateral shoulder injections is not medically necessary.