

<b>Case Number:</b>	CM15-0006984		
<b>Date Assigned:</b>	01/22/2015	<b>Date of Injury:</b>	03/14/2012
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 34 year old male who sustained an industrial injury on 3/14/2012. He has reported a fall from 20 feet causing a closed head injury, shoulder injury and neck injury. The diagnoses have included cervical 6-7 degenerative disc disease, left scapular fracture, acromioclavicular joint separation, closed head injury, rupture of the left rotator cuff and post subacromial decompression and ligamentous repair of the acromioclavicular joint with brachialis muscle origin repair. Treatment to date has included physical therapy, surgery, home exercises and medication management. Currently, the IW complains of left shoulder pain. Treatment plan included fluoroscopic needle guided aspiration of the left shoulder. Exam note from 1/8/14 demonstrates continued left shoulder pain. No palpable tenderness is noted about the shoulder. Sensation in the upper extremities is noted to be intact. Left shoulder range of motion was limited. On 1/7/2015, Utilization Review non-certified review of fluoroscopic needle guided aspiration of the left shoulder, noting the lack of clear indication. The MTUS, ACOEM and Official Disability Guidelines were cited. On 1/15/2015, the injured worker submitted an application for IMR for fluoroscopic needle guided aspiration of the left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fluroscopic needle guided aspiration left shoulder:** 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 (ODG), Steroid injections.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 127.

**Decision rationale:** Per the CA MTUS ACOEM 2004, Chapter 3, page 127 states the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. In this case the records cited does not demonstrate any objective evidence from 1/8/14 to warrant an aspiration of the left shoulder . Therefore the determination is for non-certification.