

<b>Case Number:</b>	CM15-0103885		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	01/23/2001
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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, North Carolina  
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:

This 64 year old female sustained an industrial injury on 1/23/01. She subsequently reported neck and shoulder pain. Diagnoses include rotator cuff syndrome, cervical postlaminectomy syndrome and chronic pain syndrome. Treatments to date include x-ray and MRI testing, shoulder surgery, injections, physical therapy and prescription pain medications. The injured worker continues to experience neck and right shoulder pain. Upon examination, neck range of motion was painful and decreased, tenderness to palpation over superior trapezius and PS was noted. The right shoulder revealed decreased painful guarded range of motion. A request for Right shoulder cortisone injection with ultrasound guidance was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder cortisone injection with ultrasound guidance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Corticosteroid Injections / Ultrasound Guidance.

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

**Decision rationale:** ACOEM Guidelines support the use of shoulder injections as part of an exercise rehab program to treat rotator cuff inflammation, impingement syndrome, or small tears. Reviewing the medical records, there is no evidence that the patient is suffering from the above conditions. Physical findings are limited to tenderness about the shoulder and trigger points. The patient's date of injury was approximately 14 years ago and she reached maximal medical benefit 12 years ago. There is no documentation of a new injury. There is no documentation that the injection is part of a rehab program. Therefore the request is deemed not medically necessary or appropriate.