

<b>Case Number:</b>	CM15-0107257		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	05/03/2012
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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: 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 injured worker is a 52 year old male, who sustained an industrial injury on May 3, 2012. The injured worker was diagnosed as having shoulder impingement, frozen shoulder and osteoarthritis. Treatment to date has included home exercise program (HEP), Transcutaneous Electrical Nerve Stimulation (TENS) unit and topical and oral medication. A progress note dated May 4, 2015 provides the injured worker complain of persistent shoulder pain rated 5/10. Physical exam notes shoulder impingement with decreased range of motion (ROM). The plan includes physical therapy and cortisone injection.

### 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:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204 and 213.

**Decision rationale:** The requested right shoulder cortisone injection with ultrasound guidance, is medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 9, Shoulder Complaints, Steroid injections, Page 204 and 213, note "Conservative care, including cortisone injections, can be carried out for at least three to six months before considering shoulder (rotator cuff tear) surgery," and recommend this treatment for impingement syndrome if pain has not been adequately controlled by recommended conservative treatments (physical therapy and exercise, NSAIDs or acetaminophen) after at least 3 months. The injured worker has persistent shoulder pain rated 5/10. Physical exam notes shoulder impingement with decreased range of motion (ROM). The treating physician has documented evidence of impingement syndrome. The criteria noted above having been met, right shoulder cortisone injection with ultrasound guidance is medically necessary.

**Physical therapy for the right shoulder 2 times weekly for 6 weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Page 98-99 Page(s): 98-99.

**Decision rationale:** The requested physical therapy for the right shoulder 2 times weekly for 6 weeks, is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, Page 98-99, recommend continued physical therapy with documented objective evidence of derived functional improvement. The injured worker has persistent shoulder pain rated 5/10. Physical exam notes shoulder impingement with decreased range of motion (ROM). The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, nor the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, physical therapy for the right shoulder 2 times weekly for 6 weeks is not medically necessary.