

<b>Case Number:</b>	CM15-0107287		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	12/26/2010
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	05/20/2015
<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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 78 year old female, who sustained an industrial injury on 12/26/2010. Diagnoses include left shoulder glenohumeral arthritis and right shoulder mild glenohumeral arthritis impingement syndrome. Treatment to date has included bilateral shoulder cortisone injections, which have helped, but she still has discomfort per the documentation. Per the Orthopedic Progress Report dated 1/02/2015, the injured worker reported continuing pain bilaterally in the shoulders. Physical examination of the shoulders revealed range of motion for flexion was 160 degrees bilaterally. Rotator cuff testing demonstrated 4+/5 strength bilaterally, limited by pain in the supraspinatus, infraspinatus and subscapularis. The plan of care included continuation of conservative management. Authorization was requested for right shoulder corticosteroid injection with ultrasound guidance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder corticosteroid injections with ultrasound guidance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 271-273.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Steroid injections.

**Decision rationale:** The claimant sustained a work injury in December 2010 and continues to be treated for bilateral shoulder pain. Treatments have included subacromial injection with reported benefit. When seen, there was decreased and painful shoulder range of motion with decreased strength. Imaging results were reviewed showing left greater than right osteoarthritis. Diagnoses included bilateral osteoarthritis and impingement syndrome. In terms of shoulder injections, when indicated, guidelines recommend up to three injections. In this case, the number of previous injections is not documented. Additionally, although the claimant is reported to have benefited from the injections done previously, the duration of benefit in degree of pain relief are not adequately documented. Therefore, as was requested, the repeat injection is not considered medically necessary.