

<b>Case Number:</b>	CM15-0130979		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	08/25/2010
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 48-year-old male, who sustained an industrial injury on 8/25/2010. He reported right shoulder pain while pushing a large roll of insulation. The injured worker was diagnosed as having status post arthroscopy right shoulder. Treatment to date has included diagnostics, arthroscopic right shoulder surgery in 2013, cervical epidural steroid injections, physical therapy, acupuncture, chiropractic, and medications. Some documents within the submitted medical records were difficult to decipher. Currently, the injured worker complains of right shoulder pain (4/10) and left shoulder pain and popping. Objective findings were not documented. Current medication use included Norco. His work status was modified. The treatment plan included a cortisone injection to the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder cortisone injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Page 48, Initial Approaches to Treatment, Chapter 3, Injections.

**Decision rationale:** This claimant was injured about 5 years ago with right shoulder pain while pushing a large roll of insulation. He is post arthroscopy right shoulder. Treatment to date has included diagnostics, arthroscopic right shoulder surgery in 2013, cervical epidural steroid injections, physical therapy, acupuncture, chiropractic, and medications. Some documents within the submitted medical records were difficult to decipher. There is continued right shoulder and left shoulder pain and popping. Objective findings were not documented. Current medication use included Norco. His work status was modified. The MTUS notes that injections of corticosteroids or local anesthetics or both should be reserved for patients who do not improve with therapies that are more conservative. Steroids can weaken tissues and predispose to re-injury. Local anesthetics can mask symptoms and inhibit long-term solutions to the patient's problem or intraarticular administration, including infection and unintended damage to neurovascular structures. The request was appropriately not medically necessary.