

<b>Case Number:</b>	CM15-0131367		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	12/06/2005
<b>Decision Date:</b>	08/14/2015	<b>UR Denial Date:</b>	06/30/2015
<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: 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:

The injured worker is a 64 year old female, who sustained an industrial injury on December 6, 2005. The initial symptoms reported by the injured worker are unknown. The injured worker was diagnosed as having knee pain, pain in joint lower leg, low back pain and shoulder pain. Treatment to date has included medications, physical therapy and right shoulder injection. On May 21, 2015, the injured worker complained of lower backache, right shoulder pain and right knee pain. Her pain with medications was rated as an 8 on a 1-10 pain scale. She rated her pain as a 10/10 on the pain scale without medications. The treatment plan included medication, physical therapy, retroactive request for right shoulder injection, pain psychologist consultation and follow-up visit. On June 30, 2015, Utilization Review non-certified the request for shoulder injection right side performed May 21, 2015, citing California MTUS Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective shoulder injection on the right side (DOS 05/21/15):** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Steroid injections.

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

**Decision rationale:** The ACOEM chapter on shoulder complaints states: Invasive techniques have limited proven value. If pain with elevation significantly limits activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy (i.e., strengthening exercises and nonsteroidal anti-inflammatory drugs) for two to three weeks. The evidence supporting such an approach is not overwhelming. The total number of injections should be limited to three per episode, allowing for assessment of benefit between injections. The patient has ongoing shoulder pain despite conservative therapy per the records. Therefore the request is indicated per the ACOEM and is medically necessary.