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| <b>Case Number:</b>   | CM15-0139091 |                              |            |
| <b>Date Assigned:</b> | 07/29/2015   | <b>Date of Injury:</b>       | 11/06/1997 |
| <b>Decision Date:</b> | 08/31/2015   | <b>UR Denial Date:</b>       | 06/22/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/17/2015 |

### 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: Physical Medicine & Rehabilitation

### 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 56 year old female who sustained an industrial injury on 11/06/1997. The injured worker was diagnosed with chronic cervicgia with cervical disc herniation, cervical radiculitis, bilateral carpal tunnel syndrome, right lateral epicondylitis, bilateral shoulder degenerative joint disease and depression. The injured worker is status post bilateral carpal tunnel releases (no dates documented). Treatment to date has included diagnostic testing, surgery, physical therapy, diagnostic ultrasound guidance with steroid injection and interpretation of the right elbow epicondyle on June 15, 2015, home exercise program and medications. According to the primary treating physician's progress report on June 2, 2015, the injured worker continues to experience cervical spine, shoulder and right elbow pain. Examination of the cervical spine demonstrated moderate to severe tenderness over the C4-5 and C5-6 cervical interspaces and tenderness over the bilateral shoulder acromioclavicular joint and posterior capsular region, right worse than left. The right lateral epicondylar area was tender to palpation with limited range of motion due to guarding. Manual motor strength of the upper extremities revealed diminished strength at 4/5 in the bilateral shoulder flexion and abduction, the right elbow flexion and extension, the bilateral wrist flexion and extension and in the right hand grip. Tinel's and Phalen's signs were positive in the right wrist. Current medications are listed as Tramadol 50mg and Nabumetone. Treatment plan consists of continuing medication regimen, dental evaluation and the current request for a right shoulder 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:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Criteria for steroid injections.

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

**Decision rationale:** The patient presents on 06/02/15 with unrated pain in the cervical spine, bilateral shoulders, and right elbow. The patient's date of injury is 11/06/97. Patient is status post bilateral carpal tunnel release at a date unspecified. The request is for right shoulder cortisone injection. The RFA is dated 06/18/15. Physical examination dated 06/02/15 reveals tenderness to palpation over the bilateral AC joint and posterior capsular region (right worse than left), and positive Tinel's and Phalen's sign in the right wrist. Manual muscle testing of the upper extremities reveals decreased shoulder strength bilaterally on flexion and abduction. The patient is currently prescribed Tramadol and Nabumetone. Diagnostic imaging was not included. Patient is currently classified as permanent and stationary. ODG Guidelines, Shoulder Chapter, under Steroid Injections has the following: "Recommended as indicated below, up to three injections. Steroid injections compared to physical therapy seem to have better initial but worse long-term outcomes. One trial found mean improvements in disability scores at six weeks of 2.56 for physical therapy and 3.03 for injection, and at six months 5.97 for physical therapy and 4.55 for injection. Variations in corticosteroid/anesthetic doses for injecting shoulder conditions among orthopaedic surgeons, rheumatologists, and primary-care sports medicine and physical medicine and rehabilitation physicians suggest a need for additional investigations aimed at establishing uniform injection guidelines. There is limited research to support the routine use of subacromial injections for pathologic processes involving the rotator cuff, but this treatment can be offered to patients. Intra-articular injections are effective in reducing pain and increasing function among patients with adhesive capsulitis." In regard to what appears to be the first cortisone injection to the patient's right shoulder, the request is appropriate. Progress notes provided do not indicate that this patient has had any steroid injections to date. Per 06/02/15 progress note, the provider states: "She is also complaining of severe flare up of right shoulder pain which is limiting her ROM and activities." ODG supports such injections as an acute therapeutic measure in patients for whom other treatment modalities are ineffective. Given this patient's presentation and the lack of injections to date, an initial cortisone injection is an appropriate measure and could produce significant benefits for this patient. The request is medically necessary.