

<b>Case Number:</b>	CM15-0149224		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	12/03/2014
<b>Decision Date:</b>	09/15/2015	<b>UR Denial Date:</b>	07/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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, Pain Management, 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:

This 58 year old man sustained an industrial injury on 12-3-2014. The mechanism of injury is not detailed. Diagnoses include shoulder impingement, biceps tendinitis, shoulder arthralgia, shoulder sprain-strain of the rotator cuff, and rotator cuff rupture. Treatment has included oral and topical medications. Physician notes on a PR-2 dated 7-13-2015 show complaints of left shoulder pain and right shoulder with improved strength. Recommendations include left shoulder injection kit with ultrasound, physical therapy, topical analgesic ointment, and follow up in four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Depo Medrol 80mg:** 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 (ODG).

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

**Decision rationale:** ODG recommends corticosteroid injections and states that corticosteroid injections may be superior to physical therapy for short term results. It further states that the evidence is not overwhelming that it would be beneficial after a short course of conservative therapy. ODG recommends corticosteroid injections as an option for rotator cuff pathology but acknowledges that there is no solid evidence for long term efficacy. Therefore, corticosteroid injections are a viable option to treat rotator cuff disorders and this request for Depo Medrol is medically necessary.

**Marcaine 0.25% 10ml:** 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 (ODG).

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

**Decision rationale:** ODG recommends corticosteroid injections and states that corticosteroid injections may be superior to physical therapy for short term results. It further states that the evidence is not overwhelming that it would be beneficial after a short course of conservative therapy. ODG recommends corticosteroid injections as an option for rotator cuff pathology but acknowledges that there is no solid evidence for long term efficacy. However, the guidelines do not specify the type of local anesthetic that should be used as part of the preparation. Marcaine is a longer acting local anesthetic which can be used in steroid injections and can be considered medically necessary for longer post-injection analgesia.

**Lidocaine 1% 5ml:** 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 (ODG).

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

**Decision rationale:** ODG recommends corticosteroid injections and states that corticosteroid injections may be superior to physical therapy for short term results. It further states that the evidence is not overwhelming that it would be beneficial after a short course of conservative therapy. ODG recommends corticosteroid injections as an option for rotator cuff pathology but acknowledges that there is no solid evidence for long term efficacy. Lidocaine is a short acting

local anesthetic to reduce discomfort associated with the injection as well as post-injection soreness and can be considered medically necessary.