

<b>Case Number:</b>	CM15-0192179		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	03/01/2012
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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: New York, Tennessee  
 Certification(s)/Specialty: Emergency 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 62 year old man sustained an industrial injury on 3-1-2012. Diagnoses include shoulder sprain-strain, rotator cuff tear, closed dislocation of the acromioclavicular joint, degenerative joint disease, muscle spasms, tendinitis, and pain in limb. Treatment has included oral and topical medications. Physician notes dated 6-30-2015 show complaints of left shoulder pain rated 4 out of 10 that is reported to be slightly better. The physical examination shows pain, tenderness, and swelling to the left shoulder without redness or ecchymosis. Range of motion is noted to be abduction 110 out of 170 degrees, flexion 110 out of 160 degrees, internal rotation 40 out of 70 degrees, external rotation 40 out of 90 degrees, extension 10 out of 30 degrees, adduction 10 out of 30 degrees, JAMAR test 40-40-35 right and 35-35-35 left, pinch testing 10-6-8 right and 8-8-7 left. Pain and spasms decrease the range of motion. Recommendations include hot packs, range of motion examination, JAMAR testing, pinch test, Tramadol, LidoPro, and follow up in one week. Utilization Review denied a request for left shoulder corticoid steroid subacromial injection on 9-1-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left shoulder corticosteroid subacromial injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter.

**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:** Subacromial corticosteroid injection for rotator cuff disease and intra-articular injection for adhesive capsulitis may be beneficial although their effect may be small and not well maintained. Subacromial injections of corticosteroids are effective for improvement for rotator cuff tendonitis up to a 9-month period. They are also probably more effective than NSAID medication. Higher doses may be better than lower doses for subacromial corticosteroid injection for rotator cuff tendonitis. Subacromial injection of betamethasone with lidocaine was no more effective than lidocaine alone in the treatment of patients with chronic rotator cuff tendinosis unresponsive to nonsteroidal anti-inflammatory drugs and physical therapy. There was no documentation any benefit to subacromial corticosteroid injection in these patients. In this case, the patient's rotator cuff injury was in March 1, 2012. Documentation supports chronic injury. Steroid injections have not been shown to be beneficial for chronic rotator cuff injuries. Medical necessity has not been established. The request should not be authorized.