

<b>Case Number:</b>	CM15-0193948		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	11/06/2014
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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: Pennsylvania

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 53 year old female, who sustained an industrial injury on 11-6-2014. Medical records indicate the worker is undergoing treatment for right shoulder impingement syndrome and right shoulder rotator cuff tendinosis. Office visits from 4-9-2015 and 5-7-2015 report right shoulder pain rated 5-6 out of 10. A recent progress report dated 8-24-2015, reported the injured worker complained of sharp pain in the right shoulder radiating down the right arm, rated 8 out of 10. Physical examination revealed palpable tenderness in the right anterior acromion and right acromioclavicular joint. Grip dynamometer reading revealed a right grip of 22-22-22 and a left grip of 28-28-30. Right shoulder x rays showed acromioclavicular joint arthritis and type II acromial spurring. Treatment to date has included steroid injection, physical therapy and medication management. The physician is requesting for Injection of the Right Shoulder and Acromioclavicular Joint. On 9-9-2015, the Utilization Review non-certified the request for Injection of the Right Shoulder and Acromioclavicular Joint.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Injection of the Right Shoulder and Acromioclavicular Joint:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation ODG-TWC Shoulder Procedure Summary Online Version.

**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:** The ODG criteria for shoulder steroid injections are as follows: Criteria for Steroid injections: Diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems, except for post-traumatic impingement of the shoulder; Not controlled adequately by recommended conservative treatments (physical therapy and exercise, NSAIDs or acetaminophen), after at least 3 months; Pain interferes with functional activities (e.g., pain with elevation is significantly limiting work); Intended for short-term control of symptoms to resume conservative medical management; Generally performed without fluoroscopic or ultrasound guidance; Only one injection should be scheduled to start, rather than a series of three; A second injection is not recommended if the first has resulted in complete resolution of symptoms, or if there has been no response; With several weeks of temporary, partial resolution of symptoms, and then worsening pain and function, a repeat steroid injection may be an option; The number of injections should be limited to three. The criteria have been met. This worker has had physical therapy and is doing a home exercise program. The diagnoses of impingement syndrome and rotator cuff tendonitis have been established. The worker has ongoing pain interfering with functional activities. The request is medically necessary.