

<b>Case Number:</b>	CM15-0195952		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	07/11/1997
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 54 year old female, who sustained an industrial injury on 7-11-1997. Diagnoses include cervical degenerative disc disease, possibility of cervical radiculopathy, left shoulder adhesive capsulitis, left shoulder rotator cuff tendinitis and cervical facet pain. Treatments to date include activity modification, medication therapy, acupuncture treatments, right sided cervical steroid injections and radiofrequency ablation, and shoulder injection. On 8-21-15, she complained of ongoing pain in the neck and thoracic region. Pain was rated 8 out of 10 VAS. The provider documented a previous left shoulder injection was provided "several years ago." Previous left shoulder steroid injection provided at least 50% relief of pain and increased range of motion and flexibility. The physical examination documented tenderness to the left shoulder musculature area, with acromioclavicular tenderness more than glenohumeral joint tenderness. There was decreased range of motion and decreased strength noted. The record documented a left shoulder MRI dated 2000 revealed mild impingement and tendinopathy. The plan of care included awaiting authorization for a left shoulder cortisone injection. The appeal requested authorization for a shoulder steroid injection. The Utilization Review dated 9-11-15, denied this request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Shoulder steroid injection: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care.

**Decision rationale:** According to CA MTUS/ACOEM guidelines 2nd edition, Chapter 9, Shoulder complaints, page 204, Initial care, subacromial injection may be indicated after conservative therapy for two to three weeks. In this case, the exam note from 8/21/15 does not indicate if conservative care has been attempted and failed in the 2-3 weeks prior to attempting this injection. Therefore, the guideline has not been satisfied and determination is for non-certification; the request is not medically necessary.