

<b>Case Number:</b>	CM15-0197566		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	04/23/2012
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 53 year old female sustained an industrial injury on 4-23-12. Documentation indicated that the injured worker was receiving treatment for a right hand and right shoulder sprain and strain with ongoing pain, numbness and weakness to the right upper extremity and shoulder. Previous treatment included physical therapy, injections and medications. Electromyography and nerve conduction velocity test (1-19-15) of the right upper extremity was normal. Chest ultrasound (5-14-15) contained no findings suggestive of thoracic outlet syndrome. In a visit note dated 6-25-15, the injured worker complained of ongoing right shoulder pain. Physical exam was remarkable for tenderness to palpation to the posterior shoulder with minimally positive Hawkin's sign and intact sensation. The physician stated that it was likely that she had "a little bit" of subacromial impingement. The physician noted that the injured worker was not a surgical candidate. The injured worker received a right shoulder Depomedrol and Marcaine injection during the office visit. In a PR-2 dated 8-3-15, the injured worker complained of right shoulder, arm and hand pain with pain radiating up to the neck, rated 4 out of 10 on the visual analog scale. The injured worker reported that previous Toradol injection did not relieve her pain. The physician noted that the injured worker had relief from recent steroid injection. Physical exam was remarkable for tenderness to palpation in the right shoulder and right hand. The injured worker continued to work in a job that required typing six hours per day. The treatment plan included refilling medications (Neurontin, Norco and Zorvolex) and a right shoulder Depomedrol and Marcaine injection. On 9-28-15, Utilization Review noncertified a

retrospective request for Depomedrol and Marcaine 40mg per chiropractic therapy injection right shoulder for DOS 8-3-15.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Retro Depomedrol and Marcaine 40 MG/CC Injection Right Shoulder (DOS 8/3/15):**

Overtured

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

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

**Decision rationale:** Per the ACOEM guidelines with regard to shoulder injection: Invasive techniques have limited proven value. If pain with elevation significantly limits activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy (i.e., strengthening exercises and non-steroidal anti-inflammatory drugs) for two to three weeks. The evidence supporting such an approach is not overwhelming. The total number of injections should be limited to three per episode, allowing for assessment of benefit between injections. The documentation submitted for review indicates that the injured worker was previously refractory to shoulder injection with toradol. It was noted that right shoulder injection with depomedrol and marcaine 6/25/15 was beneficial. I respectfully disagree with the UR physician's assertion that the injured worker has had three steroid injections. It is noted that the injured worker has been treated with different injections including Toradol, however. The request is medically necessary.