

<b>Case Number:</b>	CM15-0199354		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	03/30/2015
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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: 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 injured worker is a 37 year old male, who sustained an industrial injury 03-30-2015. The injured worker was diagnosed as having rotator cuff sprain and sprain shoulder. On medical records dated 08-20-2015 and 05-28-2015, the subjective complaints were noted as right shoulder having constant severe achy, sharp, stabbing right shoulder pain radiating to the neck. Objective findings were noted as no bruising, swelling, atrophy or lesion present at the right shoulder. With a decreased range of motion. Tenderness to palpation of the anterior shoulder and posterior shoulder. Neer's test could not be performed. Treatment to date included medication. The injured worker was noted to be able to work on modified duty. Current medications were listed as Motrin, Prilosec and Flurbi Cream LA. The Utilization Review (UR) was dated 10-05- 2015. A request for Right Shoulder Subacromial Joint Injection was submitted. The UR submitted for this medical review indicated that the request for Right Shoulder Subacromial Joint Injection was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Shoulder Subacromial Joint Injection:** Upheld

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

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

**Decision rationale:** The requested Right Shoulder Subacromial Joint Injection, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 9, Shoulder Complaints, Steroid injections, Page 204 and 213, note "Conservative care, including cortisone injections, can be carried out for at least three to six months before considering shoulder (rotator cuff tear) surgery" and recommend this treatment for impingement syndrome if pain has not been adequately controlled by recommended conservative treatments (physical therapy and exercise, NSAIDs or acetaminophen) after at least 3 months. The treating physician has not sufficiently documented exam evidence of impingement syndrome or that surgery is being considered. The injured worker has right shoulder pain radiating to the neck. Objective findings were noted as no bruising, swelling, atrophy or lesion present at the right shoulder. With a decreased range of motion. Tenderness to palpation of the anterior shoulder and posterior shoulder. Neer's test could not be performed. The criteria noted above not having been met, Right Shoulder Subacromial Joint Injection is not medically necessary.