

<b>Case Number:</b>	CM15-0200540		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	01/03/2015
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: North Carolina

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 30 year old male who sustained an industrial injury on 01-03-2015. A review of the medical records indicated that the injured worker is undergoing treatment for a lumbosacral strain and bicipital tendonitis of the left shoulder. According to the treating physician's progress report on 07-20-2015, the injured worker continues to experience pain in the back and left shoulder and medications are not working. The injured worker has attended one session of physical therapy and needs refills on his medications. Examination of the left shoulder demonstrated moderate tenderness over the long head of the biceps, upper trapezius and supraspinatus on the left side. There was no swelling noted with normal sensation and motor strength intact. Active range of motion was noted as flexion at 140 degrees, extension at 45 degrees, internal rotation at 80 degrees and external rotation at 60 degrees. Glenohumeral abduction was 130 degrees. Official report of a left shoulder magnetic resonance imaging (MRI) performed on 08-13-2015 was included in the review. Prior treatments have included diagnostic testing, physical therapy and medications. Current medications were listed as Tramadol ER, Voltaren XR, Prilosec and topical analgesics. The injured worker was placed on full duty in 06-2015 and has not yet returned to work. Treatment plan consists of magnetic resonance arthrogram (MRA) of the upper extremity and the current request for a cortisone injection to the left acromioclavicular (AC) and glenohumeral joint. On 09-16-2015, the Utilization Review determined the request for cortisone injection to the left acromioclavicular (AC) and glenohumeral joint was not medically necessary.

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

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

**Cortisone injection to left AC and glenohumeral joint:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004.  
Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder.

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

**Decision rationale:** The ACOEM chapter on shoulder complaints states: 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. There is no evidence in the medical records that pain with elevation is significantly limiting activities. There is no documented significant decrease in range of motion. Therefore, the request is not medically necessary.