

<b>Case Number:</b>	CM15-0204150		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	11/01/1997
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### 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:

The injured worker is a 49 year old female, who sustained an industrial injury on 11-01-1997. She has reported injury to the bilateral hands-wrists and right shoulder. The diagnoses have included right subacromial bursitis; myalgia and myositis, unspecified; bilateral carpal tunnel syndrome; cubital tunnel syndrome; and depressive disorder. Treatment to date has included medications, diagnostics, and home exercise program. Medications have included Mobic, Topamax, and Lidoderm patch. A progress note from the treating physician, dated 02-11-2015, documented a follow-up visit with the injured worker. The injured worker reported fibromyalgia flare with stress of divorce; right subacromial bursitis; some left shoulder pain and finger joint pain, but coping; and she has a new dog and walking him frequently. Objective findings have included right shoulder tenderness; right shoulder subacromial bursitis; and slight increase in creatinine since last visit. The treatment plan has included the request for right shoulder subacromial injection. The original utilization review, dated 09-24-2015, non-certified the request for right shoulder subacromial injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder subacromial injection:** Upheld

**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): Initial Care, Summary.

**Decision rationale:** The requested right shoulder subacromial 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 injured worker has reported fibromyalgia flare with stress of divorce; right subacromial bursitis; some left shoulder pain and finger joint pain, but coping; and she has a new dog and walking him frequently. Objective findings have included right shoulder tenderness; right shoulder subacromial bursitis; and slight increase in creatinine since last visit. The treating physician has not documented sufficient exam evidence of current impingement syndrome. The criteria noted above not having been met, right shoulder subacromial injection is not medically necessary.