

<b>Case Number:</b>	CM15-0205386		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	08/30/2014
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 59-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of August 30, 2014. In a Utilization Review report dated October 5, 2015, the claims administrator failed to approve a request for a shoulder corticosteroid injection. A September 22, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On said September 22, 2015 office visit, the applicant reported ongoing complaints of bilateral shoulder and low back pain. The applicant was using an H-Wave device. 7/10 pain complaints were reported. Physical therapy and a right shoulder corticosteroid injection were endorsed while the applicant was placed off of work, on total temporary disability. The applicant had undergone earlier left shoulder surgery, the treating provider reported. There was no mention of whether or not the applicant had or had had prior right shoulder corticosteroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Corticosteroid injection to the right shoulder (acromioclavicular (AC) and subacromial):**  
 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:** No, the request for a right shoulder corticosteroid injection was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 213 notes that 2 or 3 subacromial injections of anesthetic and cortisone are recommended over an extended period as part of a rehabilitation program to treat rotator cuff inflammation, impingement syndrome or small tears, here, however, the applicant was placed off of work, on total temporary disability, as of the date of the request, September 22, 2015. It did not appear that the applicant was intent on employing the proposed corticosteroid injection in conjunction with a program of exercise rehabilitation or functional restoration. The MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 213 further notes that prolonged or frequent usage of shoulder corticosteroid injections is deemed not recommended. Here, the attending provider's September 22, 2015 progress note did not state whether or not the applicant had or had not had prior shoulder corticosteroid injection therapy and, if so, what the response to the same was. Therefore, the request was not medically necessary.