

<b>Case Number:</b>	CM15-0024768		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	10/11/2014
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 36 year old female, who sustained an industrial injury on 10/11/2014. She reports left shoulder injury. Diagnoses include shoulder impingement syndrome. Treatments to date include physical therapy and medication management. A progress note from the treating provider dated 1/12/2015 indicates the injured worker reported left shoulder pain. On 1/20/2015, Utilization Review non-certified the request for a subacromial corticosteroid injection, citing ACOEM.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Subacromial CS Injection:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG) Shoulder

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder (Acute & Chronic), Steroid injections

**Decision rationale:** The claimant sustained a work-related injury in October 2014 and is being treatment for rotator cuff impingement. Treatments have included medications and physical

therapy. A steroid injection is recommended as an option which shoulder pain is not controlled adequately by recommended conservative treatments including physical therapy, exercise, and medications after at least 3 months. In this case, the claimant has had conservative treatments and continues to have symptoms. Imaging findings support the injection being requested. Therefore the requested injection is medically necessary.