

<b>Case Number:</b>	CM15-0032918		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	11/13/2011
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 47 year old male with an industrial injury dated November 13, 2011. The injured worker diagnoses include shoulder impinging syndrome, rotator cuff sprain, and osteoarthritis local primary shoulder. He has been treated with diagnostic studies, radiographic imaging, prescribed medications, cortisone injection, two right shoulder surgical procedures in 2012 and 2014 and periodic follow up visits. According to the progress note dated 1/14/2015, the treating physician noted that the injured worker is doing well six months after shoulder arthroscopy and subacromial decompression of the right shoulder. Mild pain was noted over the acromial (AC) joint. The treating physician noted because of the continued pain at the AC joint the injured worker elected to proceed with an AC joint injection. The treating physician prescribed retrospective: right shoulder ultrasound guided cortisone Injection (DOS: 01/14/15). Utilization Review determination on January 23, 2015 denied the retrospective request for right shoulder ultrasound guided cortisone injection (DOS: 01/14/15), citing MTUS, ACOEM and Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Right Shoulder Ultrasound Guided Cortisone Injection (DOS: 01/14/15):**  
 Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Steroid Injections; Pain Chapter, Injection with anesthetics and/or steroids.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Steroid injections <http://www.odg-twc.com/index.html>.

**Decision rationale:** Steroid injections <http://www.odg-twc.com/index.html>. According to ODG guidelines, shoulder injection is recommended: Criteria for Steroid injections:- Diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems, except for post-traumatic impingement of the shoulder; Not controlled adequately by recommended conservative treatments (physical therapy and exercise, NSAIDs or acetaminophen), after at least 3 months; Pain interferes with functional activities (e.g., pain with elevation is significantly limiting work); Intended for short-term control of symptoms to resume conservative medical management; Generally performed without fluoroscopic or ultrasound guidance; Only one injection should be scheduled to start, rather than a series of three; A second injection is not recommended if the first has resulted in complete resolution of symptoms, or if there has been no response; With several weeks of temporary, partial resolution of symptoms, and then worsening pain and function, a repeat steroid injection may be an option; The number of injections should be limited to three. There is no recent documentation of failure of conservative therapies including medication and physical therapy. There is documentation of improvement of shoulder range of motion with current medications. Therefore the request is not medically necessary.