

<b>Case Number:</b>	CM15-0037655		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	09/21/1999
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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: Internal 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 56-year-old female, who sustained an industrial injury on August 21, 1999. The diagnoses have included lumbago, disc displacement, cervicgia, lumbosacral spondylosis, myalgia, myositis, cervicocranial syndrome, radiculopathy and depression/anxiety. A progress note dated January 27, 2015 provided the injured worker complains of neck, shoulder, low back, right leg and knee pain. The pain wakes her up at night. Using a sling gives relief and allows her to go back to sleep. Assessment reveals severe back pain, neck pain, myofascial pain and bilateral knee pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cortisone injection, Right Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-224.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, 213.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses shoulder complaints. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 9 Shoulder Complaints indicates that 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. Prolonged or frequent use of cortisone injections into the subacromial space or the shoulder joint is not recommended. The primary treating physician's progress report dated 2/4/15 does not document physical examination of the shoulder. The pain management report dated 1/27/15 does not document physical examination of the shoulder. Because no shoulder physical examination was documented, the request for cortisone injection of the shoulder. Therefore, the request for cortisone injection of the shoulder is not medically necessary.