

<b>Case Number:</b>	CM15-0041902		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	02/02/2012
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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: 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 injured worker is a 50-year-old female, who sustained an industrial injury on 2/2/2012. The current diagnoses are sprain/strain of unspecified site of the shoulder and upper arm, pain in left shoulder joint, and stiffness of shoulder joint. Treatment to date has included medications, MRA of the left shoulder, TENS unit, and cortisone injection. According to the progress report dated 1/5/2015, the injured worker complains of left shoulder pain with radiation down left arm to hand. The pain is described as sharp, shooting, numbness, and burning sensation. The pain is rated 6/10 on a subjective pain scale. The current medications are Tramadol, Tizanidine, Benazepril, Propranolol, hydrochlorothiazide, Omeprazole, and EnovaRX-Tramadol cream. The current plan of care includes steroid/anesthetic injection, left shoulder, 6 initial acupuncture treatments, and Lidoderm 5% patch.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Steroid/Anesthetic injection, Left Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

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

**Decision rationale:** The MTUS states that 2 or 3 subacromial injections of local anesthetic and cortisone preparation over an extended period as part of an exercise rehabilitation program to treat rotator cuff inflammation, impingement syndrome, or small tears may be recommend. There is a lack of documentation of the results of the previous injection as well as the pain generator. Radicular symptoms are not ruled out as the cause of the patient's pain. Steroid/Anesthetic injection, Left Shoulder is not medically necessary.