

<b>Case Number:</b>	CM15-0042080		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	02/13/2001
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	02/23/2015
<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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 57-year-old female, who sustained an industrial injury on 02/13/2001. She has reported subsequent right shoulder pain and was diagnosed with osteoarthritis of the acromioclavicular joint. Treatment to date is unknown. The only medical documentation submitted is a progress note dated 12/31/2014. The injured worker complained of continued pain in the AC joint. Objective findings were notable for tenderness to palpation of the AC joint and pain with range of motion. A request for authorization of cortisone injection of the right shoulder was made.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cortisone Injection with Ultrasound Guidance at the Right Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder.

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

**Decision rationale:** This 57 year old female has complained of right shoulder pain since date of injury 2/13/01. She has been treated with physical therapy and medications. The current request is for right shoulder steroid injection. Per the MTUS guidelines cited above, 2 or 3 subacromial space injections over an extended period may be performed as part of an exercise rehab program. Prolonged corticosteroid injections into the subacromial space and injections into the intra-articular space of the shoulder joint are not recommended. There is no documentation of an ongoing exercise rehab program at the time of the requested injection. Furthermore, the request is made for an intra-articular steroid injection, which is not recommended by the MTUS guidelines. Based on these guidelines and the available medical documentation, an intra-articular corticosteroid injection into the right shoulder joint space is not indicated as medically necessary.