

<b>Case Number:</b>	CM15-0048586		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	11/25/2014
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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: Physical Medicine & Rehabilitation

### 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 11/25/2014. She has reported injury to the right shoulder. The diagnoses have included right shoulder strain with subacromial bursitis and bicipital tendinitis. Treatment to date has included medications, physical therapy, and independent exercise program. A progress report from the treating provider, dated 02/23/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of ongoing right shoulder pain; and minimal improvement with physical therapy. Objective findings included mild to moderate tenderness along the right shoulder subacromial area; and moderate to severe tenderness along the bicipital region near the bicipital groove anteriorly on the right. The treatment plan included prescription medications and injections. The current request is for right bicipital tendon sheath injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Bicipital tendon sheath injection:** Overturned

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

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

**Decision rationale:** The injured worker is being treated for subacromial bursitis and bicipital tendinitis of the right shoulder. After 2 months of conservative treatment including NSAIDs, physical modalities and supervised exercise training by a physical therapist, the patient reported no significant improvement in shoulder pain. MRI dated 2/9/15 of the right shoulder indicated evidence of mild subdeltoid bursitis. The patient was subsequently referred to a rehabilitation specialist, [REDACTED], who recommended a diagnostic/therapeutic series of shoulder injections. Current dispute is over injection to the right bicipital sheath. For the issue of shoulder complaints, MTUS guidelines recommends injections as a part of an exercise rehabilitation program to treat shoulder impingement in addition to diagnostic injections to distinguish pain sources in the shoulder area. The medical records indicate sufficient evidence of a request for a trial diagnostic injections to distinguish pain source in the shoulder area for this injured worker. The request is therefore medically necessary.