

<b>Case Number:</b>	CM15-0050955		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	08/05/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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: Family Practice

### 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 27-year-old female who sustained an industrial injury on 08/05/2014. She reported pain in the neck, left shoulder, and hands. The injured worker was diagnosed as having repetitive strain injury, myofascial pain syndrome, left shoulder strain, left wrist strain, and possible neuropathy. Treatment to date has included a trial of electro-acupuncture treatment. On 2/12/15 the injured worker complains of neck, left shoulder left upper extremity pain as well as a numbness and tingling sensation. Examination of the left shoulder revealed full range of motion. The treatment plan includes completion of a trial of electro-acupuncture treatment from which she shows some functional improvement, and to have a cortisone injection to the left shoulder. A request for authorization is made for Cortisone injection left shoulder. The medical records indicate that a qualified medical evaluation was performed on 3/201/5 at which time the injured worker was diagnosed the patient with history left cervicobrachial syndrome, probable disputed neurogenic thoracic outlet syndrome and left non-specific limb pain. Left shoulder examination revealed flexion and abduction at 170/180 degrees with pain, negative impingement, negative painful arc, mild apprehension, and negative adduction.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cortisone injection left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

**Decision rationale:** According to the ACOEM guidelines , if pain with elevation significantly limits activities, a sub acromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy (i.e. strengthening exercises and nonsteroidal anti-inflammatory drugs) for two to three weeks. The evidence supporting such an approach is not overwhelming. According to ODG, steroid shoulder injections may be indicated for diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems, except for post-traumatic impingement of the shoulder. In this case, the treating physician has diagnosed the injured worker with left shoulder strain and examination by the treating physician has noted full left shoulder range motion. Recent qualified medical evaluation was performed on 3/201/5 at which time the injured worker was diagnosed the patient with history left cervicobrachial syndrome, probable disputed neurogenic thoracic outlet syndrome and left non-specific limb pain. Left shoulder examination revealed flexion and abduction at 170/180 degrees with pain , negative impingement, negative painful arc, mild apprehension, and negative adduction. In this case, the injured worker is not diagnosed with conditions which would support a cortisone injection and additionally the injured worker has full range of motion per the treating physician and near full range of motion per the qualified medical evaluator. The medical records do not establish pain with elevation which significantly limits activities. The request for cortisone injection left shoulder is therefore not medically necessary.