

<b>Case Number:</b>	CM15-0059953		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	10/10/2012
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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: New Jersey

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 42-year-old female patient who sustained an industrial injury on 10/10/2012. Diagnoses include blunt head trauma, headaches, and cervical strain with radiculopathy, right shoulder rotator cuff tendonitis and partial tear of the supraspinatus. A primary treating office visit dated 02/13/2015 reported subjective complaint of having intermittent severe low back pain that radiates to bilateral legs and is accompanied with numbness and tingling. She reports occasionally having difficulty walking. Prior diagnostic testing to include magnetic resonance imaging. Physical findings of the right shoulder included tenderness to palpation about the trapezius musculature with restricted range of motion due to pain and muscle spasms in the area. Cortisone injection to the right shoulder was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cortisone Injection to Right Shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, cortisone injections.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213. Decision based on Non-MTUS Citation ODG, Shoulder section, Steroid injections.

**Decision rationale:** The MTUS ACOEM Guidelines state that shoulder corticosteroid injections are recommended as part of a treatment plan for rotator cuff inflammation, impingement syndrome, or small rotator cuff tears. The MTUS suggests up to 2-3 injections maximum over an extended period of time, and does not recommended prolonged or frequent injections beyond this number. The ODG states that the criteria for considering corticosteroid injections include: 1. Diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems, except for post-traumatic impingement, 2. Not controlled adequately by conservative treatments (physical therapy/exercise, NSAIDs, or acetaminophen) after at least 3 months, 3. Pain interferes with functional activities, 4. Intended for short-term control of symptoms to resume conservative medical management, 5. To be performed without fluoroscopic or ultrasound guidance, 6. Only one injection should be scheduled to start (rather than 3), 7. A second injection is not recommended if the first has resulted in complete resolution of symptoms or if there was no response to the first, 8. With several weeks of temporary, partial resolution of symptoms, and then worsening pain and function, a repeat steroid injection may be an option (limited up to three total per joint). In the case of this worker, there were insufficient reported subjective symptoms or objective shoulder physical findings to suggest any shoulder joint abnormality. No provocative tests were performed and the only finding was trapezius muscle tenderness, which could be related to the neck and back pain/dysfunction. Without more clear evidence to support internal derangement of the right shoulder, the corticosteroid injection will be considered medically unnecessary.