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| <b>Case Number:</b>   | CM15-0087570 |                              |            |
| <b>Date Assigned:</b> | 05/11/2015   | <b>Date of Injury:</b>       | 05/19/2014 |
| <b>Decision Date:</b> | 06/11/2015   | <b>UR Denial Date:</b>       | 04/10/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/06/2015 |

### 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, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This 48-year-old male sustained an industrial injury on 5/19/14. He subsequently reported left knee and ankle, back and left arm pain. Diagnoses include lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, left sacroiliac joint sprain/ strain, bilateral knee sprain/ strain and status post left ankle ORIF. Treatments to date include x-ray and MRI testing, ankle surgery, acupuncture, physical therapy and prescription pain medications. The injured worker continues to experience bilateral lower extremity numbness and stiffness. On examination, there is tenderness over the paravertebral and supraspinatus and trapezius muscles. Shoulder impingement and crossarms tests were positive. The treating physician made a request for Left subacromial injection under ultrasound guidance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left subacromial injection under ultrasound guidance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines, 2015 shoulder section, criteria for steroid injections.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 204, 213.

**Decision rationale:** Pain with elevation significantly limits activity, a subacromial injection of local anesthetic and corticosteroid preparation may be indicated after conservative therapy for 2 to 3 weeks. However, the evidence supporting such an approach is not overwhelming. According to MTUS guidelines, 2 or 3 subacromial injections of local anesthetics and cortisone preparation over an extended period as a part of an exercise rehabilitation program to treat rotator cuff inflammation, impingement syndrome, or small tear is recommended. In this case, there no objective documentation of failure of adequate trials of conservative therapies. Furthermore, it is not clear that the injection is a part of an exercise rehabilitation program. In addition, it is not clear if there a pain with shoulder elevation significantly limiting shoulder mobility. Therefore, the request for Left subacromial injection under ultrasound guidance is not medically necessary.