

<b>Case Number:</b>	CM15-0088107		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	09/01/2006
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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 58 year old female, who sustained an industrial injury on 9/1/2006. She reported injury of her left leg, left shoulder, and neck after a slip and fall. The injured worker was diagnosed as having left rotator cuff tear, status post repaired with adhesive capsulitis, left fibular neck fracture healed, left peroneal nerve injury, left ankle sprain, left elbow contusion, cervical sprain, and chronic pain syndrome, and frozen shoulder. Treatment to date has included medications, magnetic resonance imaging of the left shoulder (3/11/2015), left rotator cuff repair (8/12/12), and left knee surgery (8/5/13). The request is for a cortisone injection to the left shoulder. On 12/15/2014, she was seen by AME for left rotator cuff tear, left elbow contusion, left fibular neck fracture with transient peroneal nerve injury, left ankle sprain, and cervical sprain. The report indicated she had previous left shoulder and left knee procedures. She had current complaints of neck pain with radiation down the left arm to the hand, stiffness of the left elbow, pain to the left knee with pain down to the foot. Physical examination revealed tenderness of the neck and left shoulder region, and tenderness of the left elbow. Several surgical scars are noted at the left shoulder area. On 2/20/2015, she had continued complaints of shoulder pain with radiation. She indicated that therapy had been helping and would like to continue. Physical examination is not recorded. The treatment plan included: physical therapy.

### 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. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Physical Therapy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.

**Decision rationale:** This patient receives treatment for chronic L shoulder pain. This relates back to an industrial injury dated 9/1/2006. The patient had surgery to correct a torn rotator cuff of the L shoulder. The current medical diagnoses include disorders of the shoulder bursa and tendons, major depression, and opioid dependency. This review addresses a request for an intra-articular L shoulder injection. The guidelines address intra-articular shoulder injections. They recommend a maximum of 2-3 depending on the anatomic location of the problem. A shoulder MRI in March 2015 shows no new tearing of the supraspinatus tendon and evidence of an old rotator cuff operation. There is not adequate documentation of the number or the clinical response to other shoulder joint injections to date. The findings on MRI do not support another intra-articular shoulder injection, either. The cortisone injection of the shoulder is not medically necessary.