

<b>Case Number:</b>	CM15-0088163		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	10/05/2012
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 60-year-old male, who sustained an industrial injury on 10/05/2012, while employed as a welder. He reported a door falling on the left side of his body, falling and hitting the right side of his face. The injured worker was diagnosed as having right zygomatic arch fracture, left shoulder rotator cuff tear, left shoulder tendinitis and impingement syndrome, and left shoulder acromioclavicular joint arthritis. Treatment to date has included diagnostics, physical therapy, and medications. Currently, the injured worker complains of ongoing left shoulder discomfort. Pain was not rated and current medication regime was not noted. Physical exam noted tenderness to palpation over the greater tuberosity and trapezius and decreased range of motion. He had weakness with forward flexion and abduction and pain with Hawkin's and Neer's maneuvers. The treatment plan included a left shoulder ultrasound guided injection, with Dexamethasone and Marcaine. He was to continue with physical therapy and was able to return to work, modified status. A prior progress report (2/09/2015) noted mild improvement in his left shoulder with the previous injection. At this time, his pain was rated 9/10 at rest and with activity, decreased to 7/10 with medications. X-rays of the left shoulder noted type III acromion, acromioclavicular joint arthritis, and a calcium deposit in the subacromial space.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left shoulder ultrasound guided injection, Dexamethasone, Marcain:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Steroid injections.

**Decision rationale:** The claimant sustained a work-related injury in October 2012 and continues to be treated for left shoulder pain. When seen, physical therapy had been prescribed 6 weeks before. There was decreased left shoulder range of motion with positive impingement testing and weakness. Surgery was being considered. Other treatment had included medications. A steroid injection is recommended as an option which shoulder pain is not controlled adequately by recommended conservative treatments including physical therapy, exercise, and medications after at least 3 months. In this case, the claimant had started physical therapy less than 6 weeks before the request was made. Therefore, the requested injection was not medically necessary.