

<b>Case Number:</b>	CM15-0231392		
<b>Date Assigned:</b>	12/07/2015	<b>Date of Injury:</b>	06/01/2009
<b>Decision Date:</b>	01/11/2016	<b>UR Denial Date:</b>	10/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2015

### 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, Oregon, Washington  
Certification(s)/Specialty: Orthopedic Surgery

### 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 61 year old male, who sustained an industrial injury on 6-1-09. The injured worker was diagnosed as having pain in shoulder joint. Subjective findings (8-27-15, 9-25-15) indicated 5 out of 10 pain in the right shoulder with increased popping. Objective findings (8-27-15, 9-25-15) revealed no physical examination of the right shoulder. As of the PR2 dated 10-23-15, the injured worker reports right shoulder pain and weakness. He rates his pain 8 out of 10. Objective findings include decreased right shoulder range of motion. Treatment to date has included Soma and Norco. The Utilization Review dated 10-30-15, non-certified the request for a right shoulder injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Criteria for steroid injections and on the Non-MTUS Ultrasound-Guided Barbotage for Calcific Tendonitis of the Shoulder: A Systematic Review including 908 Patient. Gatt DL, Charalambous CP. Arthroscopy. 2014 May 9. pii:S0749-8063(12)00237-0. doi:10.1016/j.arthro.2014.03.013.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder / Steroid injections.

**Decision rationale:** According to CA MTUS/ACOEM guidelines 2nd edition, Chapter 9, Shoulder complaints, page 204, Initial care, and subacromial injection may be indicated for a diagnosis of impingement syndrome after conservative therapy for two to three weeks. In this case, the exam note from 8/27/15 and 9/25/15 does not indicate if conservative care has been attempted and failed. Therefore, the guideline has not been satisfied and proposed injection is not medically necessary. Per ODG, Shoulder / Steroid injections: "Criteria for Steroid injections: Diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems, except for post-traumatic impingement of the shoulder, not controlled adequately by recommended conservative treatments (physical therapy and exercise, NSAIDs or acetaminophen), after at least 3 months, pain interferes with functional activities (e.g. pain with elevation is significantly limiting work). Intended for short-term control of symptoms to resume conservative medical management, generally performed without fluoroscopic or ultrasound guidance, only one injection should be scheduled to start, rather than a series of three. A second injection is not recommended if the first has resulted in complete resolution of symptoms, or if there has been no response, with several weeks of temporary, partial resolution of symptoms, and then worsening pain and function, a repeat steroid injection may be an option. The number of injections should be limited to three." Review of the medical records from 8/27/15 and 9/25/15 do not show a failure of 3 months of non-operative treatment nor does it show that the shoulder pain interferes with functional activities. Thus, this patient does not meet ODG guidelines and the proposed injection is not medically necessary.