

<b>Case Number:</b>	CM14-0144161		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	06/26/2014
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine, has a subspecialty in Preventive Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 applicant is represented [REDACTED] material handler who has filed a claim for shoulder pain reportedly associated with cumulative trauma at work from repetitive lifting and handling articles reportedly first claimed on June 26, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; work restrictions; and adjuvant medications. In a Utilization Review Report dated August 30, 2014, the claims administrator denied a request for shoulder MRI imaging, incorrectly stating that the MTUS did not address the topic. Non-MTUS ODG Guidelines were invoked to deny the shoulder MRI. The claims administrator stated that it was also denying a shoulder corticosteroid injection on the grounds that the attending provider had failed to document conservative treatments which had transpired to date. The claims administrator did note that the applicant had positive signs of internal impingement and limited shoulder flexion and abduction in the 100- to 110-degree range. The applicant's attorney subsequently appealed. In an electrodiagnostic testing dated July 23, 2014, the applicant was given a diagnosis of mild bilateral carpal tunnel syndrome. In a progress note dated August 6, 2014, the applicant reported persistent complaints of shoulder pain, attributed to cumulative trauma at work. The applicant was given a presumptive diagnosis of shoulder impingement syndrome/shoulder bursitis with possible rotator cuff tear. The applicant was using Neurontin, tramadol, and naproxen, it was stated. Limited shoulder flexion and abduction in the 100- to 110-degree range with positive signs of internal impingement were appreciated. The applicant was asked to pursue a shoulder corticosteroid injection and MRI imaging of the shoulder. Ultracet was endorsed. The requesting provider was an orthopedic surgeon.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the Left Shoulder:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): TABLE 9-6, PAGE 214.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, Table 9-6, page 214, MRI imaging is "recommended" in the preoperative evaluation of partial-thickness or large full-thickness rotator cuff tears. In this case, the applicant presentation, including ongoing complaints of shoulder pain, positive signs of internal impingement, and significantly limited shoulder range of motion about the injured shoulder, taken together, do call into question of possible rotator cuff tear for which MRI imaging is indicated to delineate. Therefore, the request is medically necessary.

**Left Shoulder Subacromial Depomedrol Injection:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): TABLE 9-6, PAGE 213.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, Table 9-6, page 213, two or three subacromial corticosteroid injections are "recommended" as part of an exercise rehabilitation program to treat rotator cuff inflammation, impingement syndrome, and/or small rotator cuff tears. In this case, the applicant has ongoing issues suggestive of impingement syndrome of the shoulder which did prove recalcitrant to several weeks of conservative treatment in the form of time, analgesic medications, adjuvant medications, physical therapy, etc. Obtaining a first-time subacromial corticosteroid injection is therefore indicated. Accordingly, the request is medically necessary.