

<b>Case Number:</b>	CM14-0211712		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	03/09/2001
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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. 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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 67-year-old female with a reported date of injury of 03/09/2001. The mechanism of injury was not provided. The current diagnoses include rotator cuff tear, bicipital tenosynovitis, cubital tunnel syndrome, status post ulnar nerve release, carpal tunnel syndrome, impingement syndrome, cervical radiculopathy, and morbid obesity. The injured worker was evaluated on 11/06/2014 with complaints of intractable shoulder pain. Previous conservative treatment was noted to include activity modification, medication management, injections, and a shoulder arthroscopy. The physical examination was not provided on that date. The injured worker was given an acromioclavicular joint injection with Xylocaine, Marcaine, and Depo-Medrol. The injured worker was then instructed to continue with the current medication regimen. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Shoulder Acromioclavicular Joint Injection with 2 cc Marcaine/2cc Lidocaine:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Work Loss Data Institute

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

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state invasive techniques have limited proven value. If pain with elevation significantly limits activities, a subacromial injection of a local anesthetic and a corticosteroid preparation may be indicated after conservative therapy for 2 to 3 weeks. There was no documentation of a recent attempt at conservative management. Additionally, there was no physical examination provided on the requested date. Therefore, the medical necessity has not been established in this case. As such, the request is not medically appropriate.