

<b>Case Number:</b>	CM14-0215390		
<b>Date Assigned:</b>	01/05/2015	<b>Date of Injury:</b>	01/03/2013
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 patient is a 59-year-old woman who sustained a work-related injury on January 3, 2013. Subsequently, the patient developed shoulder pain. Prior treatments included: medications, physiotherapy (with limited improvement), IF therapy (was helpful), left shoulder brace (with temporary relief), inferential unit (with limited improvement), and hot/cold therapy (with limited improvement). The patient also underwent a left shoulder arthroscopy on June 7, 2014. According to a progress report dated November 22, 2014, the patient complained of constant pain in her left shoulder to her left anterior elbow, which she described as pulsing. She rated the level of her pain as a 7/10 without medications and 4/10 with medications. Examination of the left shoulder revealed moderate tenderness at the AC joint on the left and moderate tenderness at the bicipital tendon on the left. Yergason's sign was positive on the left shoulder. Range of motion was not attempted as patient was status post left shoulder labral repair. The patient was diagnosed with left shoulder labral tear with impingement and with subacromial bursitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left shoulder subacromial Methyl Prednisone injections kit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211-214.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 204, 213.

**Decision rationale:** According to MTUS guidelines, invasive techniques have limited proven value. If pain with elevation significantly limits activity, a subacromial injection of local anesthetic and corticosteroid preparation may be indicated after conservative therapy for 2 to 3 weeks. However, the evidence supporting such an approach is not overwhelming. According to MTUS guidelines, 2 or 3 subacromial injections of local anesthetics and cortisone preparation over an extended period as a part of an exercise rehabilitation program to treat rotator cuff inflammation, impingement syndrome, or small tear is recommended. In this case, there is no objective documentation of failure of adequate trials of conservative therapies. Furthermore, it is not clear that the injection is a part of an exercise rehabilitation program. Also it is not clear if there is pain with shoulder elevation significantly limiting shoulder mobility.