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| <b>Case Number:</b>   | CM14-0216707 |                              |            |
| <b>Date Assigned:</b> | 01/06/2015   | <b>Date of Injury:</b>       | 11/20/2013 |
| <b>Decision Date:</b> | 02/28/2015   | <b>UR Denial Date:</b>       | 12/02/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/26/2014 |

### 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: Texas, Ohio, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of November 20, 2013. In a Utilization Review Report dated December 2, 2014, the claims administrator failed to approve a request for Depo-Medrol steroid injection for the shoulder. The claims administrator referenced a November 12, 2014 RFA form in its determination. On July 18, 2014, the applicant was asked to pursue further chiropractic manipulative therapy for ongoing complaints of neck, low back, wrist, shoulder, and hand pain. The applicant was asked to remain off of work. On September 12, 2014, the applicant's primary treating provider again sought authorization for neck, left shoulder and low back MRIs. Additional chiropractic manipulative therapy was endorsed while the applicant was placed off of work, on total temporary disability. On October 15, 2014, the applicant was again asked to pursue an additional 9 to 10 sessions of physical therapy for ongoing complaints of neck, shoulder, and low back pain while remaining off of work, on total temporary disability. On November 12, 2014, the applicant reported ongoing complaints of neck, shoulder and low back pain. The applicant exhibited tenderness about the left and right shoulders with some positive provocative testing evident. Nine sessions of physical therapy and a follow up visit with a shoulder specialist to obtain a shoulder corticosteroid injection were endorsed, in conjunction with nine additional sessions of physical therapy. The applicant was again placed off of work, on total temporary disability. Left shoulder MRI imaging of October 7, 2014 is notable for diffuse rotator cuff tenderness and acromioclavicular joint arthritis with no evidence of a discrete rotator cuff tear.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**80 MG Depo-Medrol & Local Anesthetic Injection to left shoulder:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM.

**Decision rationale:** 1. Yes, the proposed Depo-Medrol-local anesthetic corticosteroid injection to the left shoulder is medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in the ACOEM Chapter 9, Table 9-6, page 213, two or three subacromial cortisone-anesthetic injections are recommended over an extended period as part of the rehabilitation program to treat rotator cuff inflammation, impingement syndrome, or small tears. Here, the applicant apparently carries a diagnosis of rotator cuff impingement syndrome, which has proven recalcitrant to time, medications, physical therapy, manipulative therapy, etc. Moving forward with what appears to be a first line shoulder corticosteroid injection, thus, is indicated. Therefore, the request is medically necessary.