

<b>Case Number:</b>	CM14-0217641		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	01/18/1959
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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  
 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:

This is a 56 year old male with a work related injury dated 03/10/2013. Mechanism of injury was not noted in received medical records or in Utilization Review report. According to a comprehensive medical legal evaluation report dated 12/23/2014, the injured worker presented with complaints of bilateral low back, left knee, and left shoulder pain. Diagnoses included bilateral lumbar facet joint pain at L4-L5 and L5-S1, lumbar facet joint arthropathy, chronic low back pain, left knee internal derangement, left knee ACL edema, left knee sub-patella edema, chronic left knee pain, left shoulder impingement, cervical facet joint pain, cervical facet joint arthropathy, chronic neck pain, post-concussive syndrome, and closed head injury. Treatments have consisted of physical therapy and medications. Diagnostic testing was not noted in received medical records. Work status is noted as total temporary disability. On 12/16/2014, Utilization Review non-certified the request for 1 Left Shoulder Cortisone Injection citing Official Disability Guidelines. The Utilization Review physician stated his left shoulder appears to have again become symptomatic as of 10/07/2014 without any indication he has received at least 3 months of conservative treatment in the form of physical therapy and exercise. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) left shoulder cortisone injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 9 Shoulder Complaints Page(s): 48; 204, 213.

**Decision rationale:** There is limited research-based evidence or random controlled studies to endorse or disapprove use of corticosteroid injections for care of shoulder pain. According to ACOEM guidelines, injection of these medications should be reserved for patients who do not improve with more conservative therapies. However, there is enough evidence to consider these injections (up to 3 times) when other therapies have not been helpful, especially when the only other treatment being offered is surgery. The crux of the decision for this patient is whether or not the patient has been given an adequate trial of non-invasive treatment before moving on to injection therapies. Not all the medical notes are available for review but the utilization reviewer's summary of the medical records and the subsequent provider's comprehensive report written to appeal the utilization decision does not add new evidence that there has been an adequate trial of non-invasive treatment (physical therapy or exercise for the shoulder). Medical necessity for this procedure has not been established.