

<b>Case Number:</b>	CM15-0002472		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	12/04/2012
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

### 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 47 year old male, who sustained an industrial injury on December 4, 2012. He has reported neck and shoulder pain. The diagnoses have included fibromyositis, acquired spondylolisthesis, neck pain, lumbar spondylosis, chronic pain syndrome, right rotator cuff tear and repair and disorder of bursa of shoulder region. Treatment to date has included physical therapy, surgery and medication. Currently, the IW complains of persistent right shoulder pain, low back pain and neck. The injured worker has had physical therapy and oral medications. The plan is for epidural steroid injection, and psychological evaluation. On December 31, 2014, utilization review non-certified a request for intra articular steroid injection of right shoulder. Application for independent medical review (IMR) is dated January 6, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Intra Articular Steroid Injection, Right Shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 195-215. Decision based on Non-MTUS Citation Shoulder, Injections

**Decision rationale:** Intrarticular steroid injection right shoulder ODG Shoulder, Injections  
ACOEM states "Two or three sub- acromial injections of local anesthetic and cortisone preparation over an extended period as part of an exercise rehabilitation program to treat rotator cuff inflammation, impingement syndrome, or small tears (C, D)." ACOEM C recommendation Limited research-based evidence (at least one adequate scientific study of patients with shoulder disorders). ACOEM D recommendation: Panel interpretation of information not meeting inclusion criteria for research-based evidence. ODG Criteria for Steroid injections: Diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems, except for post-traumatic impingement of the shoulder; Not controlled adequately by recommended conservative treatments (physical therapy and exercise, NSAIDs or acetaminophen), after at least 3 months; Pain interferes with functional activities (eg, pain with elevation is significantly limiting work); Intended for short-term control of symptoms to resume conservative medical management; Generally performed without fluoroscopic or ultrasound guidance; Only one injection should be scheduled to start, rather than a series of three; A second injection is not recommended if the first has resulted in complete resolution of symptoms, or if there has been no response; With several weeks of temporary, partial resolution of symptoms, and then worsening pain and function, a repeat steroid injection may be an option; The number of injections should be limited to three. The patient had right shoulder surgery in June of 2014. The treating physician in his 12/12/14 progress note states, "the patient complains of right shoulder pain. The patient's orthopedic surgeon believes that his residual pain may arise from the cervical spine." In addition, the treating physician has not provided a medical rationale to meet the above guidelines at this time. As such, the request for Intrarticular steroid injection, Right shoulder is not medically necessary.