

<b>Case Number:</b>	CM15-0016041		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	09/22/2011
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2015

### 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: 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 injured worker is a 59 year old female, who sustained an industrial injuries on 09/22/2011 and 11/07/2011. The initial complaints or symptoms included headaches, neck pain, low back pain, right shoulder pain, right wrist pain, right knee pain, and right ankle pain. There was also a reported injury to the left eye. The initial diagnoses were not mentioned in the clinical notes. She has had x-rays, MRIs, and electrodiagnostic testing. Treatment to date has included chiropractic treatments, physical therapy, medications, acupuncture therapy, psychological evaluation/treatment, and injections to the right shoulder. Currently, the injured worker complains of ongoing posterior headaches radiating to the right ear with dizziness, nausea and dry mouth; continued daily neck pain radiating to the right shoulder with pins and needles like sensation and burning pain into the right arm; continuous daily low back pain with radiating symptoms into the buttocks and coccyx; continued daily right shoulder pain from the top of the shoulder and radiating down the right arm with associated numbness and tingling in the right elbow and fingers; continuous daily right wrist pain with associated symptoms in the hand and fingers; continuous right knee pain with associated numbness, tingling and swelling; and right ankle pain radiating into the foot and toes. The injured worker reported undergoing previous injections to the right shoulder which lowered the pain for a period of time. The injured worker reported her neck pain to be 7-9/10 in severity and reported that medications provide relief. The diagnoses include bilateral foraminal stenosis in the cervical spine, cervical disc degeneration, right carpal tunnel syndrome, right cubital tunnel syndrome, right shoulder impingement syndrome, right sided degenerative AC joint disease, lumbar facet arthropathy, chronic lumbago, and right greater trochanter bursitis. The treatment plan consisted of diagnostic/therapeutic block of the right acromioclavicular (AC) joint subacromial space.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Therapeutic block of Right AC Joint Subacromial Space:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment for Workers' Compensation, Online Edition.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 9 Shoulder Complaints Page(s): Chp 3 pg 48; Chp 9 pg 204, 213. Decision based on Non-MTUS Citation MD Guidelines: Impingement Syndrome. Found at: <http://www.mdguidelines.com/impingement-syndrome>.

**Decision rationale:** The acromioclavicular (AC) joint joins the distal end of the clavicle with the acromion. Injection of corticosteroid (combined with an anesthetic) into the AC joint is one method of treatment for AC joint injuries. Indications for injection are primary osteoarthritis, traumatic osteoarthritis, and distal clavicle osteolysis. The injections should be used diagnostically to ensure the patient's symptoms are associated with the joint and/or therapeutically to treat the patient's symptoms. It should also be coupled with an exercise rehabilitation program. According to ACOEM guidelines, injection of medications (corticosteroids and anesthetics) should be reserved for patients who do not improve with more conservative therapies as there is limited research-based evidence or random controlled studies to endorse or disapprove use of corticosteroid injections for care of shoulder pain. 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 patient has already received two shoulder injections both with beneficial lessening of the patient's symptoms although both were without accompanying rehabilitation therapies. The provider wants to give a third injection but this time with accompanying rehabilitative therapy. This is within the guidelines as noted above. Medical necessity for this procedure has been established and is medically necessary.