

<b>Case Number:</b>	CM15-0018752		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	08/26/2014
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 35-year-old male who reported an injury on 08/26/2014. The mechanism of injury was the injured worker was coming up to a scene where there was a distraught female behind the wheel of a car that was being boxed in by a fire engine. The engine worker came around the corner, and the female started to move the car towards him and hit him. In the process, the injured worker injured his right shoulder slightly, right knee, and right ankle. There was a Request for Authorization submitted for review dated 12/01/2014. The documentation of 12/01/2014 revealed the injured worker complains of right shoulder pain rated a 6/10 to 7/10 on the VAS with medication, which increased to a 7/10 to 9/10 without medications. Current medications were noted to include ibuprofen and Norco 5/325 mg. The surgical history was noncontributory. Physical examination of the shoulder revealed minimal palpable tenderness over the right AC joint. The injured worker had a positive impingement sign on the right with 5+ external rotator strength on the right. Diagnosis included right shoulder impingement syndrome. The treatment plan included a right shoulder corticosteroid injection followed by a round of physiotherapy 2 to 3 times a week.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder corticosteroid injections #1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Steroid shoulder injection

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

**Decision rationale:** The American College of Occupational and Environmental Medicine indicates that nonprescription analgesics may provide sufficient pain relief for most injured workers with acute and subacute symptoms. If treatment response is inadequate, prescribed pharmaceuticals and physical methods may be added. Additionally, they indicate that invasive techniques have limited proven value. If pain with elevation significantly limits activities, a subacromial injection of local anesthetic and corticosteroid preparation may be indicated after conservative therapy for 2 to 3 weeks. The clinical documentation submitted for review indicated the injured worker was to receive the injection and then participate in therapy. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for right shoulder corticosteroid injections #1 is not medically necessary.