

<b>Case Number:</b>	CM15-0110800		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	08/05/2010
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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: Emergency 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 male with an August 5, 2010 date of injury. A progress note dated March 11, 2015 documents subjective findings (persistent neck, low back, and right ankle pain; neck pain rated at a level of 2-3/10 with medications; back pain rated at a level of 4-5/10; lower back pain with radiating symptoms down the right posterior lower extremity; burning pain in the right lower thigh; right ankle pain rated at a level of 2/10), objective findings (no significant change; a progress note dated February 2, 2015 noted the following: tenderness on palpation to the right lumbar paraspinal muscles and the spinous process at lower lumbar level; limited and painful range of motion of the lumbar spine; positive straight leg raise to the right), and current diagnoses (neck pain; right ankle pain, currently stable; bilateral shoulder pain; right hip pain; lower back pain). Treatments to date have included medications, magnetic resonance imaging of the cervical spine on October 26, 2012 that showed minimal degenerative changes of the cervical spine, left shoulder surgery, magnetic resonance imaging of the lumbar spine on January 7, 2011 that showed sever spinal stenosis at L3-L4, and broad-based disc bulge and central disc herniation at L4-L5 with moderate spinal stenosis, magnetic resonance imaging of the right knee on October 26, 2012 that showed an impression of tricompartmental arthritic changes with chondromalacia, and lumbar epidural steroid injection. The medical record identifies that medications help control the pain. The treating physician requested authorization for an injection of the left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective left shoulder cortisone injection (04/08/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 204.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204; 213 (Table 9-6).

**Decision rationale:** The request is for a cortisone injection to the left shoulder. An injection of cortisone, or other steroids, would be intended to have an anti-inflammatory effect. The injured worker is status-post SLAP repair and rotator cuff repair of the left shoulder. The documentation provided for review does not clearly describe the current exam of the left shoulder, nor why the treating physician suspects that a cortisone injection would benefit the injured worker. The MTUS guidelines regard injection of the shoulder as an invasive technique that has limited proven value. If pain with elevation significantly limits activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy (i.e., strengthening exercises and nonsteroidal anti-inflammatory drugs) for two to three weeks. The evidence supporting such an approach is not overwhelming. The total number of injections should be limited to three per episode, allowing for assessment of benefit between injections. There is no clear documentation of impingement syndrome, or any circumstances regarding the pain to the left shoulder. Therefore, the request as written does not meet the criteria of the MTUS guidelines, and is not medically necessary.