

<b>Case Number:</b>	CM15-0111971		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	03/01/1996
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 63 year old male, who sustained an industrial/work injury on 3/1/96. He reported initial complaints of wrist, hand, neck, back, elbows, and shoulder pain. The injured worker was diagnosed as having cervical stenosis, left cervical facet joint syndrome, L4-5 degenerative spondylolisthesis, possible left lumbar radiculopathy. Treatment to date has included medication, cervical nerve block, and facet rhizotomy at C3-4, 4-5, 5-6. Currently, the injured worker complains of left shoulder pain with decreased range of motion and neck pain. Per the primary physician's progress report (PR-2) on 4/21/15, exam noted positive MRI for neck. There was decreased range of motion with pain with injection completed. The requested treatments include Injection SAB.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Injection SAB, QTY: 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212.

**Decision rationale:** SAB is subacromial bursa injection. According to the guidelines, 2-3 injections of the SAB are recommended as part of rehab for rotator cuff, impingement syndrome or small tears. In this case, the exam note on 4/21/15 only indicated decreased range of motion of the shoulder. The claimant did not have the above diagnoses. No further substantiation was provided and as a result, the request for the injection is not medically necessary.