

<b>Case Number:</b>	CM15-0118912		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	07/26/2012
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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: 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 31 year old male, who sustained an industrial injury on July 26, 2012. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included medication, x-rays, and left shoulder acupuncture therapy. Currently, the injured worker complains of right shoulder numbness and pressure sensation. The pain is rated at 3 on 10. The injured worker is diagnosed with right shoulder compensating (overuse) pain, left shoulder pain (post-surgery) and cervical spine sprain-strain. A note dated, September 9, 2014, states there is tenderness and spasms noted on examination of the right shoulder. A note, dated March 13, 2015 from an acupuncture appointment, states the injured worker is experiencing functional improvement. Due to the continued complaint of right shoulder pain, an injection for the right shoulder is requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Injection right shoulder:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) Chapter, under Steroid injections.

**Decision rationale:** The patient presents Right with shoulder pain. Patient indicated that he does everything with his Right shoulder due to pain in his Left shoulder - patient feels he is injuring his right shoulder. The request is for Injection Right Shoulder. The request for authorization is not provided. The patient is status post Left shoulder surgery, 2012. Physical examination of the RIGHT shoulder reveals tenderness to palpation. Flexion is painful after 90 degrees. The patient is to continue acupuncture treatment 2 times per week for 4 weeks on the Right shoulder. Patient's medications include Norco, Orphenadrine and Diclofenac. Per progress report dated 04/15/15, the patient will remain on temporary total disability. ODG Guidelines, Shoulder (Acute & Chronic) Chapter, under Steroid injections states: "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 (e.g., 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." Per progress report dated 04/15/15, treater's reason for the request is "due to overuse syndrome of right shoulder." In this case, the patient has been treated with conservative therapies including medications and acupuncture sessions, but continues with Right shoulder pain. Patient is Right hand dominant, and has been experiencing numbness and pressure sensation in his Right shoulder. Review of provided medical records show no evidence of a prior RIGHT shoulder injection. Therefore, the request is medically necessary.