

<b>Case Number:</b>	CM15-0120644		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	03/30/2015
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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: North Carolina

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 37 year old male who sustained an industrial injury on 03/30/2015. Mechanism of injury occurred when he was attempting to unload tires the side of the rack fell forward and pinned his right shoulder and arm. Diagnoses include rotator cuff sprain, sprain of the shoulder, lumbar spine sprain/strain, lumbar disc displacement, and radicular syndrome of the lower limbs. Treatment to date has included diagnostic studies, and medications. He had a previous industrial injury on 04/09/2014 injuring his back. On 04/15/2015 a Magnetic Resonance Imaging of the right shoulder revealed mild tendinosis versus low grade partial thickness tear of the distal fibers of the supraspinatus and moderate arthrosis of the acromioclavicular joint, with possible tear of the anterior labrum. A physician progress note dated 05/28/2015 documents the injured worker complains of pain in the low back that radiates to the left leg, and he also has right shoulder pain. The pain is constant moderate sharp and stabbing which radiates to the thoracic spine. Right shoulder pain radiates to his neck, and range of motion is restricted. There is tenderness to palpation of the anterior shoulder and posterior shoulder. Neers and Hawking's could not be performed. The treatment plan includes Motrin 800mg daily with food, Prilosec 20mg twice a day and Flurbi (Nap)cream, physical therapy, an Electromyography and Nerve Conduction Velocity of the lower extremities, and use of an IF unit. Treatment requested is for right shoulder subacromial injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Subacromial Injection, Right Shoulder: Overturned**

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

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

**Decision rationale:** The ACOEM chapter on shoulder complaints states: Invasive techniques have 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 non-steroidal 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. The review of the provided clinical documentation meets criteria as outlined above for injection and therefore the request is medically necessary.