

<b>Case Number:</b>	CM15-0128844		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	04/16/2013
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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: 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 46 year old female who sustained an industrial /work injury on 4/16/13. She reported an initial complaint of neck and shoulders pain. The injured worker was diagnosed as having strain of unspecified site of shoulder, rotator cuff syndrome, and shoulder impingement syndrome, and cervical sprain/strain with radicular pain. Treatment to date includes medication, physical therapy, acupuncture therapy, and diagnostics. X-ray results reported on 5/23/13 showed straightening of the normal cervical lordosis, a small calcific density posterior to the C6 spinous process, which could represent a small calcification of the nuchal ligament, degenerative disc disease at C4-5 and C5-6 as well as incidental os acromiale. Currently, the injured worker complained of constant neck pain radiating to the right and rated 5-8/10. There was also right shoulder pain. Per the orthopedic evaluation on 4/13/15, there is tenderness to palpation from C5 to T1 in the midline and over the trapezius musculature bilaterally, (R>L), range of motion reveals flexion to 30 degrees, extension to 40 degrees, lateral bending 30/30 degrees, rotation 60/60 degrees, deep tendon reflexes at 1+ and equal for biceps, triceps, and brachioradialis. The shoulders have no localized tenderness. Impingement is positive on the right. The elbows have negative Tinel's sign. The bilateral wrists and hands demonstrated no significant findings. On 5/22/15 a request was made for shoulder injection. Other handwriting is illegible. The requested treatments include right shoulder steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder steroid injection:** 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 patient has failed prescribed conservative therapy and therefore the injection is an option for treatment per the ACOEM and the request is medically necessary.