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| **Case Number:** | CM15-0137435 | | |
| **Date Assigned:** | 07/27/2015 | **Date of Injury:** | 10/02/2007 |
| **Decision Date:** | 08/31/2015 | **UR Denial Date:** | 07/08/2015 |
| **Priority:** | Standard | **Application Received:** | 07/15/2015 |

## 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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

## 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 27 year old male with an industrial injury dated 06/04/2015. His diagnoses included chronic right shoulder pain, status post right shoulder arthroscopic surgery; chronic low back pain, chronic right ankle pain, status post-surgery and left shoulder pain. Prior treatment included cortisone injection, medications and psychological evaluation. He presents on 06/24/2015 for ongoing evaluation of low back and bilateral shoulder pain. He stated his left shoulder had been bothering him lately. Cortisone injection about 6 months prior had given him 30% relief for 6-8 weeks. Medications continued to provide good relief bringing his pain from 8/10 down to 3/10. Urine drug screen done on 03/21/2015 was consistent. With the use of medications, he was able to continue working full time. Physical exam noted significant tenderness to palpation of the anterior shoulder on the left side. He had positive apprehension test for pain only. Empty can and O'Brien's tests were slightly irritable with no significant pain or weakness. Treatment plan included medications, repeat cortisone injection for the left shoulder and return in 1 month. The treatment request for follow up evaluation in one month and one prescription of Norco 10/325 mg # 150 was authorized. The treatment request for review is for one cortisone injection.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Cortisone injection:** 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): 204.

**Decision rationale:** Per the ACOEM guidelines with regard to shoulder injection: 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 documentation submitted for review does not contain evidence that the injured worker has failed conservative therapy for this episode of shoulder pain. It is noted in the medical records that medications continue to provide good relief bringing his pain down from 8/10 to 3/10 and allow him to continue working full time. The use of conservative care should be failed before invasive procedures are advised. The request is not medically necessary.