

<b>Case Number:</b>	CM15-0171572		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	01/31/2011
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/31/2015

### 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(n) 54 year old female, who sustained an industrial injury on 1-31-11. The injured worker was diagnosed as having calcific tendinitis of shoulder and shoulder pain. The physical exam (2-4-15 through 5-26-15) revealed a positive Neer's test, increasing right shoulder flexion 90-160 degrees, abduction 85-95 degrees and internal and external rotation 90 degrees. Treatment to date has included right shoulder surgery in 7-2014, a right shoulder corticosteroid injection in early 2015 with 10 days of relief, a right shoulder MRI on 2-25-15 showing post-op changes with osteotomy defect of the distal clavicle, physical therapy, a home exercise program and Hydrocodone. As of the PR2 dated 6-23-15, the injured worker reports pain in her right shoulder. Objective findings include right shoulder flexion 130 degrees, abduction 80 degrees and internal and external rotation 90 degrees. There is also a positive Neer's test on the right. The treating physician requested a right subacromial space Kenalog and Marcaine injection and a home exercise kit. On 8-14-15 the treating physician requested a Utilization Review for a right subacromial space Kenalog and Marcaine injection, a home exercise kit and physical therapy to the right shoulder 2-3 x weekly for 3-4 weeks. The Utilization Review dated 8-20-15, non-certified the request for a right subacromial space Kenalog and Marcaine injection and a home exercise kit and certified the request for physical therapy to the right shoulder 2-3 x weekly for 3-4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right subacromial space Kenalog and Marcaine injection:** Overturned

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

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

**Decision rationale:** The patient presents on 08/21/15 with moderate right shoulder pain which radiates into the right arm. The patient's date of injury is 01/31/11. The request is for right subacromial SPACE kenalog and marcaine injection. The RFA was not provided. Physical examination dated 08/21/15 reveals tenderness to palpation of the cervical spine and right shoulder, with moderately reduced range of motion noted in the joint. The patient is currently prescribed Alprazolam, Aspirin, Pantoprazole, Promethazine, Topiramate, Voltaren gel, Gabapentin, and Cymbalta. Patient is currently working. Official Disability Guidelines, Shoulder Chapter, under Steroid Injections has the following: Recommended as indicated below, up to three injections. Steroid injections compared to physical therapy seem to have better initial but worse long-term outcomes. One trial found mean improvements in disability scores at six weeks of 2.56 for physical therapy and 3.03 for injection, and at six months 5.97 for physical therapy and 4.55 for injection. Variations in corticosteroid/anesthetic doses for injecting shoulder conditions among orthopaedic surgeons, rheumatologists, and primary-care sports medicine and physical medicine and rehabilitation physicians suggest a need for additional investigations aimed at establishing uniform injection guidelines. There is limited research to support the routine use of subacromial injections for pathologic processes involving the rotator cuff, but this treatment can be offered to patients. 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 (eg, pain with elevation is significantly limiting work); 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. In regard to what appears to be the second corticosteroid injection for this patient's right shoulder adhesive capsulitis, the request is appropriate. Progress note dated 06/23/15 indicates that this patient underwent one subacromial corticosteroid injection in the past with 60-70 percent resolution of her symptoms and improvements in her right shoulder ROM and function. It is also noted that after several weeks the pain returned and the functionality of the shoulder was again impaired. Official disability guidelines indicate that a second injection may be an option for patients who experience several weeks of relief from steroid injections, provided that the physician not exceed three injections. In this case, the requested injection is the second. Given the documentation of prior corticosteroid efficacy lasting several weeks, the failure of conservative measures, and this patient's ongoing adhesive capsulitis with loss of function; a second injection is an appropriate measure. Therefore, the request is medically necessary.

**Home exercise kit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, under Home Exercise kits.

**Decision rationale:** The patient presents on 08/21/15 with moderate right shoulder pain which radiates into the right arm. The patient's date of injury is 01/31/11. The request is for home exercise kit. The RFA was not provided. Physical examination dated 08/21/15 reveals tenderness to palpation of the cervical spine and right shoulder, with moderately reduced range of motion noted in the joint. The patient is currently prescribed Alprazolam, Aspirin, Pantoprazole, Promethazine, Topiramate, Voltaren gel, Gabapentin, and Cymbalta. Patient is currently working. Official Disability Guidelines, Shoulder Chapter, under Home Exercise kits states, "Recommended as an option. See Exercise, where home exercise programs are recommended; & Physical medicine treatment, where active self-directed home physical therapy is recommended." In regard to the home exercise kit for this patient's ongoing shoulder complaint, the requesting physician has not documented the true nature of the home exercise kit. Progress notes are vague regarding exact nature of the requested kit, noting only that the patient "should continue home exercise program" without clearly defining what sort of exercises are being performed. Without knowing what this kit entails, one cannot make a recommendation regarding its appropriateness based on the guidelines. The physician does not provide any useful discussion regarding his request, what exercises are to be performed, and what kind of monitoring will be done to ensure efficacy. Therefore, the requested home exercise kit is not medically necessary.