

<b>Case Number:</b>	CM15-0171944		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	06/19/2013
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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, 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 35 a year old male who sustained a cumulative and repetitive industrial injury on 06-19-2013. The injured worker was diagnosed with cervical spine sprain and strain and right shoulder impingement syndrome. According to the primary treating physician's progress report on July 1, 2015, the injured worker continues to experience upper back, neck and right shoulder pain. The examination of the right shoulder demonstrated tenderness to palpation over the tip of the coracoid process and subacromial bursa with painful and limited range of motion. A positive Neer's was noted. The injured worker was administered a steroid injection to the right shoulder bursa over the tip of the coracoid process area on July 1, 2015. Prior treatments documented to date have included a cortisone injection to the right shoulder on 06-03-2015 (noted to provide temporary relief), physical therapy and medications. The injured worker remains on temporary total disability (TTD) and has not resumed work activities. Current medications were listed as Norco and Flector patches. Treatment plan consists of candidacy for surgical intervention according to the March, 23, 2015 orthopedic report and continuing medication regimen. The request by the provider was for a retrospective single Injection of Kenalog and Lidocaine to the right shoulder (DOS according to the Utilization Review report was 07-29-2015) which the Utilization Review determined was not medically necessary on 08-20-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Single Injection 1/2 cc Kenalog 40 and 1/2 cc 1% Lidocaine Right Shoulder, DOS: 7/29/2015: Upheld**

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

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

**Decision rationale:** CA MTUS does not specifically address cortisone injections of the shoulder. ODG states that cortisone injections are recommended for adhesive capsulitis, impingement syndrome, or rotator cuff problems, except for post-traumatic impingement of the shoulder. In this case, the patient has been diagnosed with impingement syndrome. The patient underwent an injection of the right shoulder on 7/1/2015. The request is for retrospective approval of a second injection on 7/29/2015. The corticosteroid component of the injection remains active for up to six weeks, therefore a repeat injection just 4 weeks later is not indicated and the request is not medically necessary or appropriate.