

<b>Case Number:</b>	CM15-0177867		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	11/07/2010
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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 60 year old female, who sustained an industrial injury on November 7, 2010 and reported numbness and tingling. The injured worker is diagnosed as having left shoulder rotator cuff injury, left shoulder strain, myofascial pain syndrome and cervical sprain-strain. Her work status is disabled and currently on social security disability insurance. Currently, the injured worker complains of constant, severe neck and left shoulder pain and discomfort. The pain was rated at 10 on 10, on May 7, 2015. The neck pain was described as a numbness and tingling sensation, burning, sharp, aching, and stabbing. Her extremity pain was described as a numbness and tingling sensation. Physical examinations dated May 28, 2015- July 30, 2015 revealed cervical spasm, tenderness and trigger points were noted. She has decreased cervical range of motion, deep tendon reflexes were 2 on 2 and motor strength was 5- on 5. There is tenderness, swelling, trigger points and decreased range of motion noted on exam of the left shoulder. Deep tendon reflexes are 2 on 2 and Tinel's sign and Phalen's sign were positive. Treatment to date has included medication (Hydrocodone, Flexeril, Tramadol, Ibuprofen), x-ray, MRI, cortisone injections, physical therapy. The therapeutic response to medications, cortisone injections and physical therapy was not included in the documentation. A request for a cortisone injection for the left shoulder has been denied due to efficacy from previous injection was not provided and the injured worker is currently approved for electro- acupuncture to address her symptoms, per Utilization Review letter dated August 12, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cortisone injection for left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): General Approach, Initial Assessment, Medical History, Physical Examination, Diagnostic Criteria, Work-Relatedness, Initial Care, Activity Modification, Work Activities, Follow-up Visits, Special Studies, Surgical Considerations, Summary, References.

**Decision rationale:** There is no specific failed conservative treatment noted to meet criteria of corticosteroid injection nor has there been clear documented functional improvement by way of ADLs or decrease in medication dosing or medical utilization to support current request. Guidelines states if pain with elevation is significantly limiting activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy (i.e., strengthening exercises and NSAIDs) for two to three weeks, but the evidence is not yet overwhelming, and the total number of injections should be limited to no more than three. Although injections into the subacromial space and acromioclavicular joint can be performed in the clinician's office, injections into the glenohumeral joint should only be performed under fluoroscopic guidance. A recent meta-analysis concluded that subacromial corticosteroid injection for rotator cuff disease and intra-articular injection for adhesive capsulitis may be beneficial although their effect may be small and not well maintained. Additionally, for post-traumatic impingement of the shoulder, subacromial injection of methylprednisolone had no beneficial impact on reducing the pain or the duration of immobility. Submitted reports have not specified limitations with activities or functional improvement from previous injection to support for this unspecified shoulder injection. The Cortisone injection for left shoulder is not medically necessary and appropriate.