

<b>Case Number:</b>	CM15-0020301		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	05/03/2012
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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, Arizona

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 52-year-old male who reported an injury on 05/03/2012 due to an unspecified mechanism of injury. On 12/31/2014, he presented for a follow-up evaluation regarding his work related injury. He reported pain in his right shoulder that would occasionally shoot down his elbow and had not changed since the last visit. He reported undergoing physical therapy after surgery, but has had no additional physical therapy since and he also stated that his pain medications temporarily relieved his pain. His medications included ibuprofen, Naprosyn and Vistaril. A physical examination showed a well healed incision in the right upper extremity. There was tenderness in the right shoulder throughout and impingement signs were positive on the right. Range of motion was noted to be decreased in the right shoulder and strength was a 4/5 in the right trapezius/levator scapula. He was diagnosed with shoulder arthralgia, elbow arthralgia, shoulder impingement bursitis, olecranon bursitis, shoulder sprain and strain of the rotator cuff, elbow sprain and strain and after care surgery. The treatment plan was for corticosteroid injection with ultrasound guidance to the right shoulder subacromial space. The rationale for treatment was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Corticosteroid injection with ultrasound guidance, right shoulder subacromial space:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.

**Decision rationale:** The California ACOEM Guidelines state that invasive techniques have limited proven value and they are only indicated after conservative therapy. The documentation provided states that the injured worker had undergone postoperative physical therapy. However, there is a lack of documentation showing that he has recently undergone any conservative treatment to address his shoulder deficits and pain. Also, the number of corticosteroid injections being requested was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.