

<b>Case Number:</b>	CM15-0039407		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	02/02/2009
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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 52 year old male, who sustained an industrial injury on February 2, 2009. He reported an injury while working as a welder. The injured worker was diagnosed as having right shoulder pain and derangement. Treatment to date has included rotator cuff repair, physical therapy, EMG and nerve conduction studies, CT of the lumbar spine and medications. Currently, the injured worker complains of shoulder pain and back pain and sever bilateral leg pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Shoulder, injection under ultrasound:** 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): 204.

**Decision rationale:** The most recent progress note dated December 30, 2014 includes a complaint of right shoulder pain however there are no physical examination findings indicating

shoulder impingement that could potentially benefit from a steroid injection. Additionally, there is a nonspecific diagnosis of shoulder derangement. Without justification for a right shoulder steroid injection, this request is not medically necessary.