

<b>Case Number:</b>	CM15-0073188		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	02/21/2011
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 30 year old male, who sustained an industrial injury on February 21, 2011. He reported left shoulder pain and contracture. The injured worker was diagnosed as having status post 1st and 2nd degree burn injuries to the left shoulder, scapula and deltoid and status post surgical intervention of the left shoulder with scar revision. Treatment to date has included diagnostic studies, surgical intervention of the left shoulder, medical burn treatment, conservative care, medications and work restrictions. Currently, the injured worker complains of continued left shoulder pain with contracture of the left upper extremity. The injured worker reported an industrial injury in 2011, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on April 15, 2015, revealed continued pain. Injections to the left shoulder were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) kenalog injections to the left shoulder/keloid rgion:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain - Injection with anesthetics and/or steroids.

**Decision rationale:** Twelve (12) kenalog injections to the left shoulder/keloid region are not medically necessary per the ODG. The MTUS does not address Kenalog for this indication. The ODG states that for pain injections in general steroid injections should be given consistent with the intent of relieving pain, improving function, decreasing medications, and encouraging return to work. Repeat pain and other injections should at a very minimum relieve pain to the extent of 50% for a sustained period, and clearly result in documented reduction in pain medications, improved function, and/or return to work. The request for 12 kenalog injections is excessive. There should be evidence of functional improvement and decreased pain in between injections and 12 steroid injections to be certified for the left shoulder in one request is not medically necessary.