

Case Number:	CM13-0005654		
Date Assigned:	12/04/2013	Date of Injury:	04/13/2013
Decision Date:	03/26/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	08/01/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working least at 24 hours a week in active practice. The physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to report dated 07/11/2013 by [REDACTED], the patient presents with upper back and right shoulder pain. She was recently seen at [REDACTED] for her complaints of pain. X-rays of the neck, thoracic spine, and right shoulder were taken and were all noted as negative. The patient reports "occasional tingling in the right arm that lasts a few seconds and occurs every 3 weeks." She describes the pain as sharp, constant, throbbing, and pins and needle pain. Examination of the right shoulder revealed no swelling, ecchymosis, deformity, or effusion. On palpation, tenderness was noted in all range. Range of motion on flexion is 150/180, abduction is 160/180, backward extension is 70/60, and internal rotation was noted as normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 9 PT Visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: This patient presents with right shoulder and thoracic back pain. Treating physician is requesting additional 9 physical therapy sessions as the "patient has responded well

to prior PT." For physical therapy medicine, the MTUS Guidelines page 98 and 99 recommends 9 to 10 sessions over 8 weeks of therapy for myalgia and myositis-type symptoms. Medical records show this patient has received 15 physical therapy sessions between 05/01/2013 and 06/13/2013. Treating physician's request for 9 additional sessions exceeds what is recommended by MTUS Guidelines. Recommendation is for denial.

MRI Thoracic Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: This patient presents with right shoulder and thoracic pain. The treating physician is requesting an MRI of the thoracic spine "to rule out disk injury such as annular tear or herniation as the source of persistent pain." For special diagnostics, ACOEM Guidelines states, "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option." In this patient, there is no radicular pain into chest to suggest thoracic radiculopathy. The patient's pain radiates into the arm which suggests C-spine and shoulder pathology. The patient is being evaluated with shoulder MRI which may explain the patient's periscapular pain. MRI of T-spine does not appear to be supported by the guidelines. Recommendation is for denial

MRI Right Shoulder: 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): 207-208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: This patient presents with right shoulder and thoracic pain. The treating physician requests an MRI of the right shoulder "to rule out RCT, especially of infraspinatus." ACOEM Guidelines has the following regarding shoulder MRIs, page 207 to 208, "Routine testing, laboratory tests, plain film radiographs of the shoulder and more specialized imaging studies are not recommended during the first month to six weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain." For patients with limitations of activity after four weeks and unexplained physical findings such as effusion or localized pain, imaging may be indicated to clarify the diagnosis and assist reconditioning. Primary criteria for ordering imaging studies are: emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. It is arguable that ACOEM guidelines address acute and sub-acute situations. ODG guidelines support shoulder MRI if

rotator cuff tear/impingement is suspected following an acute trauma. In this case, the treating physician has concerns of rotator cuff tear and the patient has not improved with conservative care. Recommendation is for authorization.