

<b>Case Number:</b>	CM13-0053211		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/11/2012
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in Texas. 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/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:

The injured worker is a 60 year old male who sustained an injury to his bilateral shoulders on 06/11/12. The mechanism of injury was not documented. A clinical note dated 10/04/13 reported that the injured worker continued to complain of severe bilateral shoulder pain at 8/10 visual analog scale. Physical examination of the left shoulder noted severe reduction in range of motion; flexion 100 degrees; severe pain with tenderness to palpation over the acromioclavicular joint; crepitus with overhead extension. Physical examination of the right shoulder noted severe reduction in range of motion with flexion to 120 degrees; tenderness to palpation over the acromioclavicular joint; crepitation noted with overhead extension; impingement sign positive. The injured worker was diagnosed with right shoulder impingement syndrome, left shoulder internal derangement and a lumbar sprain/strain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**16 Sessions of Physical Therapy For The Bilateral Shoulders:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder Chapter.

**Decision rationale:** It was not clear that the injured worker had received any type of treatment to date for the shoulders. Physical therapy was not provided in the past, a limited course of physical therapy could be considered medically necessary. There was no mention surgical intervention had been performed or was anticipated. The Official Disability Guidelines (ODG) recommend up to 10 visits over 8 weeks for the diagnosed injury, with allowing for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical therapy. There was no information provided that would indicate the amount, if any, of physical therapy visits that was completed to date or the response to any previous conservative treatment. There was no indication that the injured worker was actively participating in a home exercise program and no additional significant objective clinical information provided for review that would support the need to exceed the ODG recommendations, either in frequency or duration of physical therapy visits. The request for 16 visits would far exceed the current guideline recommendations is not medically necessary.

**MRI of The Right Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder Chapter, Magnetic Resonance Imaging.

**Decision rationale:** The request for magnetic resonance image (MRI) of the right shoulder is not medically necessary. The information submitted in the review indicated that only the left hand and right foot are accepted body parts for this injury, and there is a significant possibility that no treatment has been provided to the shoulders. Absent of a course of conservative treatment, MRIs, and surgical procedures based on MRI findings are not indicated by guidelines as medically appropriate. There was no report of a new acute injury or exacerbation of previous symptoms. There was no indication that plain radiographs were obtained prior to the request for more advanced MRIs. There was no mention that a surgical intervention has been performed or was anticipated. Given this, the request for MRI of the right shoulder is not indicated as medically necessary.

**MRI of the Left Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder chapter, Magnetic resonance imaging (MRI).

**Decision rationale:** The request for magnetic resonance image (MRI) of the left shoulder is not medically necessary. The previous request was denied on the basis that there was no indication of what prior treatment has been provided for the bilateral shoulders. The information submitted in the review indicated that only the left hand and right foot are accepted body parts for this

injury, and there is a significant possibility that no treatment has been provided to the shoulders. Absent of a course of conservative treatment, MRIs, and surgical procedures based on MRI findings are not indicated by guidelines as medically appropriate. There was no report of a new acute injury or exacerbation of previous symptoms. There was no indication that plain radiographs were obtained prior to the request for more advanced MRIs. There was no mention that a surgical intervention has been performed or was anticipated. Given this, the request for MRI of the left shoulder is not indicated as medically necessary.