

<b>Case Number:</b>	CM13-0053505		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/01/2013
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 46-year-old male with a date of injury of 09/01/2013. The listed diagnosis per the physician is frozen shoulder. According to the 09/26/2013 progress report by the physician, the patient presents with left hand and left shoulder pain. The patient states the pain does not radiate but it is constant and lasting throughout the day. He also has associated symptoms including numbness and tingling. An examination revealed pain, limited range of motion in the bilateral shoulders. The patient has sensation to light touch is intact bilaterally in dermatomes C5 to C8 and L3 to S1. An apprehension test, Hawkins' test, and Speed's test were all positive on the left. The physician states the patient has persistent pain and weakness and restricted range of motion of both upper extremities. He is continuing to work to the best of his abilities and is doing home exercise program which includes stretching and strengthening of his left shoulder. The physician recommends that the patient start a course of physical therapy 2 times a week for 6 weeks to help improve strength, flexibility, and range of motion under the supervision of a certified therapist who can provide guidance. The physician also recommends an MRI of the left shoulder without contrast. Utilization review has denied the requests for physical therapy and MRI on 10/18/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY FOR THE SHOULDERS (12 SESSIONS):** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Physical Medicine Page(s): 98,99.

**Decision rationale:** This patient presents with ongoing left hand and left shoulder pain. The patient has been taking his medications and exercising at home with stretches and strengthening exercises and continues to be symptomatic. The treater is requesting the patient start a course of physical therapy 2 times a week for 6 weeks to help improve strength, flexibility, and range of motion under the supervision of a certified therapist. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia and myositis type symptoms 9 to 10 sessions over 8 weeks. Medical file provided for review indicates the patient has not yet tried formalized physical therapy. Given the patient's decrease in range of motion and continued pain, a course of 9 to 10 sessions may be warranted. The requested 12 sessions of therapy is medically reasonable. Although the number of requested sessions exceed what MTUS recommends, given the patient's injury that is less than 4 weeks without any therapy thus far, I would recommend authorization to start patient's treatments. The labor code does allow up to 24 sessions of therapy and this necessary treatment should get started right away. Recommendation is for authorization.

**AN MRI OF THE LEFT SHOULDER:** Upheld

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

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

**Decision rationale:** This patient presents with ongoing left hand and left shoulder pain. The treater is requesting an MRI of the left shoulder. Utilization review from 10/18/2013 denied the request stating MRI may be indicated after a trial of strengthening program and there is no evidence the patient has initiated any form of physical therapy to date. ACOEM Guidelines has the following regarding shoulder MRIs on page 207-208: "Routine testing, laboratory tests, plain film radiographs of the shoulder, and more specialized imaging studies are not recommended during the first month to 6 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." In this case, the patient has a decrease in range of motion, ongoing pain, and positive apprehension, Hawkins', and Speed's tests. Given that the patient has not had prior MRI, an MRI of the shoulder is appropriate but needs wait until conservative measures including physician therapy has failed. Routine use of specialized studies particularly during the acute phase of injury is not recommended per ACOEM. Recommendation is for denial.