

<b>Case Number:</b>	CM13-0061124		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/22/2012
<b>Decision Date:</b>	06/06/2014	<b>UR Denial Date:</b>	11/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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 Orthopedic Surgery 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 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:

This is a 48-year-old female with a reported injury 05/22/2012 and the mechanism of injury was cumulative trauma. On physical examination, 09/27/2013, the patient was found to have no evidence of muscle spasm, tenderness over cervical/thoracic spine and supraclavicular fossae or upper back. However, there was severe tenderness of the right shoulder and mild tenderness of the left shoulder. Range of motion for right shoulder was flexion 22 degrees; extension 30 degrees; abduction 120 degrees; adduction 58 degrees; external rotation 17 degrees; and internal rotation 16 degrees. There was positive Hawkins-Kennedy impingement signs of the right shoulder. &grave;

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic Resonance Imaging (MRI) of the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

**Decision rationale:** The CA MTUS/ACOEM guidelines state that for most patients with shoulder problems, special studies are not needed unless a four to six week period of

conservative care and observation fails to improve symptoms. The criteria for ordering an imaging study includes 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. In this case, the patient was noted to have decreased range of motion as well as positive orthopedic testing; however, the documentation failed to indicate the patient's prior conservative treatment and the efficacy of that treatment to support imaging at this time. As such, the request is non-certified.

**Physical therapy:**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** The CA MTUS guidelines state "Passive therapy provides short term relief during the early phases of pain treatment and active therapy is beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. A home exercise program is recommended." The request for physical therapy is certified for an initial 6 visits. Straight leg raising, seated and supine, were positive on the right. Deep tendon reflexes were 2/2+. The MTUS recommend physical therapy and the documentation showed diminished deficits and no prior physical therapy indicated. As such, the request is certified.