

<b>Case Number:</b>	CM14-0109662		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	04/17/2001
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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 39 year old male with an injury date of 04/17/01. Based on the 05/28/14 progress report provided by treating physician, the patient complains of left shoulder pain due to advanced osteoarthritis to the glenohumeral joint. Physical examination to the left shoulder revealed well healed scars. Range of motion was very limited with quite a bit of glenohumeral crepitation. Patient had left shoulder arthroscopic debridement per operative report dated 02/23/12. Per treater report dated 05/28/14, "patient will be trying cortisone injection to the left shoulder." Patient had visco supplementation injection to his left shoulder January 2014, which worked well for 3 months, and "is requesting another round." Per progress report dated 05/20/14, patient's medications include Hydrocodone, Omeprazole and Naproxen. 10 physical therapy reports were provided from 07/21/14 - 10/23/14, which had diagnosis of cervicgia and shoulder joint pain. Per Request for Authorization form dated 06/09/14, treater requests physical therapy for the diagnosis of shoulder arthritis. Diagnosis per treater report dated 05/20/14.- Chronic bilateral shoulder impingement status post-surgical procedures of both shoulders with residual motion loss.- Bilateral elbow strain with reduction status post-surgical procedure on the right side with residual motion loss and strength.- Traumatic arthritis of the left shoulder.- Epicondylitis of the right elbow, postoperative lateral release.- Epicondylitis of the left elbow, non-surgical.- Chronic low back pain with radiculopathy down L5.- Cervical nerve root impingement findings, C5 and C7 nerve root impingement. The utilization review determination being challenged is dated 06/18/14. Treatment reports were provided from 09/09/06 - 11/18/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Physical therapy Sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy

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

**Decision rationale:** The patient presents with left shoulder pain due to advanced osteoarthritis to the glenohumeral joint. The request is for 12 physical therapy sessions. Patient is status post-surgical procedures of both shoulders with residual motion loss. Patient had left shoulder arthroscopic debridement per operative report dated 02/23/12. Patient's diagnosis per treater report dated 05/20/14 included chronic bilateral shoulder impingement. Physical examination to the left shoulder on 05/20/14 revealed well healed scars. Range of motion was very limited with quite a bit of glenohumeral crepitation. Per progress report dated 05/20/14, patient's medications include Hydrocodone, Omeprazole and Naproxen. MTUS pages 98, 99 have the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Treater has not documented reason for the request. Per Request for Authorization form dated 06/09/14, treater requests physical therapy for the diagnosis of shoulder arthritis. The patient is not currently under post-operative time-frame. 10 physical therapy reports were provided from 07/21/14 - 10/23/14, for diagnosis of cervicalgia and shoulder joint pain. Treater has not discussed why the patient requires formalized therapy and is unable to do home exercises. There is no mention of flare-up's, new injury or new symptoms warranting additional treatment. Furthermore, the requested 12 sessions exceed what is recommended per MTUS. The request is not medically necessary.

**1 Viscosupplementation injection left shoulder: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Disorders Chapter, Hyaluronic acid injections

**Decision rationale:** The patient presents with left shoulder pain due to advanced osteoarthritis to the glenohumeral joint. The request is for 1 viscosupplementation injection left shoulder. Patient is status post-surgical procedures of both shoulders with residual motion loss. Patient's diagnosis per treater report dated 05/20/14 included chronic bilateral shoulder impingement. Physical examination to the left shoulder on 05/20/14 revealed well healed scars. Range of

motion was very limited with quite a bit of glenohumeral crepitation. Per progress report dated 05/20/14, patient's medications include Hydrocodone, Omeprazole and Naproxen. ODG-TWC, Shoulder Disorders Chapter states: "Hyaluronic acid injections: Not recommended, based on recent research in the shoulder, plus several recent quality studies in the knee showing that the magnitude of improvement appears modest at best. Was formerly under study as an option for glenohumeral joint osteoarthritis, but not recommended for rotator cuff tear or adhesive capsulitis. The osteoarthritis recommendation was downgraded based on recent research below, plus recent research in the knee chapter, the primary use for hyaluronic acid injections, which concludes that any clinical improvement attributable to hyaluronic acid injections is likely small and not clinically meaningful." Per treater report dated 05/28/14, patient will be trying cortisone injection to the left shoulder. Patient had visco supplementation injection to his left shoulder January 2014, which worked well for 3 months and is "requesting another round." Though patient presents with osteoarthritis and requests the procedure, ODG does not recommend hyaluronic acid injections to the shoulder. The request is not medically necessary.