

Case Number:	CM14-0113143		
Date Assigned:	08/01/2014	Date of Injury:	09/30/2013
Decision Date:	10/23/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/21/2014

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 55 year old female with date of injury 9/30/13. The treating physician report dated 6/9/14 indicates that the patient presents with continued pain affecting the right shoulder that has persisted since 5/14/14 after lifting a heavy object. Currently the patient has right lateral neck pain with pain in the right shoulder and right upper extremity as well as lower back pain. The physical examination findings reveal 3+ impingement sign with moderate loss of motion with muscle strength during abduction and external rotation at 4+/5. The current diagnoses are: 1.Cervicalgia. 2. Lumbosacral sprain/strain. The utilization review report dated 7/9/14 denied the request for physical therapy 2x4, MRI of the right shoulder and right shoulder steroid injection based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week times 4 weeks for the lumbar, cervical, and right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physical Therapy Guidelines; page 474

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

Decision rationale: The patient has chronic history of neck pain, lower back pain, right shoulder pain and right upper extremity pain. The patient suffered exacerbation of her right shoulder lifting a heavy object on 5/14/14. The current request is for Physical Therapy 2 times a week times 4 weeks for the lumbar, cervical, and right shoulder. In reviewing the 7 treating physician reports dated 1/10/14 through 6/9/14 it appears that the patient had been dealing with primarily lower back pain and sacroiliac pain on the right that was improved with NSAID with requests for an injection and physical therapy. The right shoulder appears to have been doing well prior to the 5/14/14 flare-up as the patient was returned to light duty with no lifting over 25 pounds and limited bending and pushing. There is nothing in the records to indicate when the patient last received physical therapy and the treating physician had stated on 3/17/14 that the patient is performing a home exercise program. Utilization review states in the 7/9/14 report that the patient has had extensive PT/Chiro with no subjective or objective benefits noted. The MTUS Guidelines supports physical therapy and states for myalgia and neuritis type conditions 8-10 visits is recommended. In this case the treating physician has repeatedly asked for additional physical therapy following a note dated 1/10/14 that states, ""Attended PT, not confident." The patient appears to have had physical therapy and was actively participating in a home exercise program as of 3/17/14. The treating physician documents a flare-up of the right shoulder on 6/9/14 but his request states, "Physical therapy 2x4 is still recommended." This request appears to be a continuation of the previous request for additional physical therapy for a patient that has previously completed physical therapy and has been instructed in a home exercise program. There is no rationale provided in the 6/9/14 report to support more physical therapy for the 5/14/14 flare-up. Given the above the request is not medically necessary.

MRI of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214.

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

Decision rationale: The patient has chronic history of neck pain, lower back pain, right shoulder pain and right upper extremity pain. The patient suffered exacerbation of her right shoulder lifting a heavy object on 5/14/14. The current request is for MRI of the right shoulder. In reviewing the 36 pages of medical records provided there was no indication that the patient has previously had a right shoulder MRI. The 6/9/14 treating physician plan states, "Records reviewed and showed that she had problems on the right shoulder after fall. I recommend an injection with steroid and lidocaine to the right shoulder. I believe the injection would be beneficial to her to help with the inflammation." There is no request for an MRI scan, there are no red flags documented and there is no indication that an x-ray of the shoulder was taken. The MTUS guidelines do not address MRI. The ODG guidelines state that for acute shoulder trauma an MRI is warranted for patients that are suspect for rotator cuff tear/impingement, over age 40 and normal plain radiographs. The treating physician has not documented a request for an MRI, the patient does not appear to have received x-ray of the right shoulder and there are no red flags

present to warrant an MRI of the right shoulder. Given the above the request is not medically necessary.

Right shoulder steroid injection under ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines; Ultrasound, diagnostic

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Online Shoulder chapter for Steroid Injections.

Decision rationale: The patient has chronic history of neck pain, lower back pain, right shoulder pain and right upper extremity pain. The patient suffered exacerbation of her right shoulder lifting a heavy object on 5/14/14. The current request is for right shoulder steroid injection under ultrasound guidance. The records provided do not show that the patient has previously received any injections to the right shoulder. The ODG guidelines recommend steroid injection of the shoulder for diagnoses of adhesive capsulitis, impingement syndrome, or rotator cuff problems, except for post-traumatic impingement of the shoulder after 3 months of exercise and NSAIDS. In this case the patient is status 3 weeks post flaring of the right shoulder. She is currently taking NSAIDS and has a home exercise program. This request for a steroid injection appears to be premature as the patient has not had sufficient time to perform her home exercise program while taking the prescribed NSAIDS and she has not been diagnosed with a shoulder condition only Cervicalgia and lumbosacral sprain/strain. Given the above the request is not medically necessary.