

Case Number:	CM14-0065382		
Date Assigned:	07/18/2014	Date of Injury:	04/24/2012
Decision Date:	12/24/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/08/2014

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 Occupational Medicine, 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:

Injured worker (IW) is a 73 year old female who sustained an industrial injury on 04/24/12. Mechanism of injury is not documented. She is s/p back surgery on an industrial basis on unknown date. Office notes from November 2013 through April 2014 document complaints of right shoulder pain and stiffness, with radiating pain, numbness, and tingling in the right upper extremity. Shoulder flexion is limited to 115 degrees, with abduction 90 degrees. There is tenderness over the biceps tendon. Impingement sign is negative. A more detailed shoulder exam is not documented. Diagnosis is right shoulder arthrofibrosis. A single office note on 01/24/14 stated that sensation was reduced in the right ring and small fingers, but prior and subsequent notes stated that the upper extremity neurological exam was normal. No previous imaging studies of the shoulder or neck are documented. Treatment for the right shoulder has included 2 physical therapy sessions, home exercises, and medication. IW reported benefit from the 2 PT sessions and a home exercise program is in place, but there was no change in the documented physical exam findings following therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right shoulder: Upheld

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

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

Decision rationale: ACOEM Guidelines Shoulder Chapter recommends consideration of imaging studies for patients whose symptoms have not improved despite a 4-6 week period of conservative care and observation, and states: "Primary criteria for ordering imaging studies are:- Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems)- Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon)- Failure to progress in a strengthening program intended to avoid surgery.- Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment) Magnetic resonance imaging may be the preferred investigation because it demonstrates soft tissue anatomy better.- To further evaluate the possibility of potentially serious pathology, such as a tumor." Although greater than one year has elapsed since onset of documented right shoulder symptoms, ACOEM Guidelines criteria for imaging of the shoulder are not met at this point in time. No red flags are documented. There has been minimal physical therapy for strengthening. There is no documentation that surgery has been proposed, and physical exam findings strongly suggesting instability or a full-thickness rotator cuff tear are not documented. It would be reasonable to assess outcome of a more extended course of physical therapy prior to consideration of imaging in this case. Medical necessity is not established for the requested right shoulder MRI, per MTUS guidelines.

Additional physical therapy 2 x 8 to right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical therapy

Decision rationale: The injured worker has been diagnosed with right shoulder arthrofibrosis (also referred to as adhesive capsulitis or "frozen shoulder"). MTUS Chronic Pain Medical Treatment Guidelines recommend physical therapy, stating "Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s)." MTUS Chronic Pain PT guidelines are otherwise silent concerning this condition. ACOEM Guidelines Shoulder Chapter states: "Instruction in proper exercise technique is important, and a few visits to a good physical therapist can serve to educate the patient about an effective exercise program. Manipulation by a manual therapist has been described as effective for patients with frozen shoulders. The period of treatment is limited to a few weeks, because results decrease with time." Since MTUS is silent concerning an optimum number of PT visits for this condition, ODG was consulted. ODG recommends up to 16 PT visits over 8 weeks for treatment of adhesive capsulitis. If there is a failure of conservative

treatments for shoulder arthrofibrosis, patients often go on to surgical treatments such as manipulation under anesthesia or surgery for lysis of adhesions. Additional therapy is reasonable in this case in order to restore function and possibly avoid more invasive treatments. While a home exercise program is documented, therapist-administered treatments such as manual therapy may be of particular benefit for this diagnosis. Greater than 1 year has elapsed since 2 previously completed PT sessions. Due to long interval since previous therapy, the number of requested additional PT sessions is medically necessary.