

Case Number:	CM14-0076967		
Date Assigned:	07/18/2014	Date of Injury:	12/02/2007
Decision Date:	08/25/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/27/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 49-year-old who was injured on December 2, 2013. He was diagnosed with lumbar pain due to disc degeneration with radiculitis, chronic pain syndrome, adjustment disorder/depression related to injury. Treatments for his low back and depression included oral medications, physical therapy, lumbar epidural steroid injections, antidepressants, antipsychotics, and lumbar surgery. On May 2, 2014, the worker was seen by his treating physician complaining of his usual low back pain worsened slightly after he had lost his balance, grabbing onto a stair rail forcefully with his right arm on April 22, 2014, which also caused severe right shoulder pain, which was new and related to this most recent injury. Physical examination was significant for atrophy along right shoulder girdle, tenderness of right anterior shoulder subacromial space, decreased range of motion of the right shoulder, positive right shoulder supraspinatus sign, and weakness of right shoulder abductors. He was then diagnosed with a shoulder strain with a potential rotator cuff tear, and recommended an MRI of the shoulder and 12 sessions of physical therapy on the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

One MRI of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 206.

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

Decision rationale: The Shoulder Complaints Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines state that special testing such as MRIs for most patients with shoulder problems are not needed unless a four to six-week period of conservative care and observation fails to improve symptoms and are not recommended earlier than this unless red flags are noted on history or examination that raise suspicion of a serious shoulder condition. Muscle strains do not warrant special testing. Even cases of impingement or muscle tears of the shoulder area should be treated conservatively first, and only when considering surgery would testing such as MRI be helpful or warranted. After the initial course of conservative treatment over the four to six week period after the injury, MRI may be considered to help clarify the diagnosis in order to change the plan for reconditioning. The criteria for MRI of the shoulder include 1. Emergence of a red flag (intra-abdominal or cardiac problems presenting as shoulder problems), 2. physiologic evidence of tissue insult or neurovascular dysfunction such as cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis, or Raynaud's phenomenon, 3. failure to progress in a strengthening program intended to avoid surgery, and 4. Clarification of the anatomy prior to an invasive procedure such as in the case of a full thickness tear not responding to conservative treatment. In the case of this worker, a four to six conservative treatment course was not yet attempted, and no red flag signs were evidenced from the notes provided for review. Therefore, the request for one MRI of the right shoulder is not medically necessary or appropriate.

Twelve sessions of physical therapy for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines: Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder section, Physical therapy.

Decision rationale: The Shoulder Complaints Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines state that the initial care for a shoulder injury may consist of conservative therapies including oral pain medications and physical therapy. After a few instructional sessions with a physical therapist, the patient should be able to continue active exercises at home without supervision. The ODG states that supervised physical therapy for the shoulder (for a rotator cuff injury) may be as many as ten visits over eight weeks for a sprain to twenty visits over ten weeks for a partial tear, but should allow for fading from up to three visits per week to one or less plus active self-directed home physical therapy. In the case of this worker, although physical therapy is clearly indicated as part of conservative treatment for this shoulder injury, the request was for twelve supervised physical therapy sessions. Starting with three to six visits as a trial with instructions for home exercises is likely all that is necessary unless extraordinary circumstances exist. Therefore, the request for twelve sessions of physical therapy for the right shoulder is not medically necessary or appropriate.