

Case Number:	CM14-0077532		
Date Assigned:	07/18/2014	Date of Injury:	06/08/2009
Decision Date:	09/08/2014	UR Denial Date:	05/22/2014
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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for shoulder pain reportedly associated with an industrial injury of June 8, 2009. Thus far, the applicant has been treated with analgesic medications; transfer of care to and from various providers in various specialties; diagnosis with right and left shoulder rotator cuff tears; earlier right shoulder surgery in 2000 and 2012; subsequent left shoulder surgery in 2013; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated May 22, 2014, the claims administrator denied a request for physical therapy to the left shoulder, denied injections to the right shoulder, denied MRI imaging of left shoulder, and denied pain management referral on the grounds that this had been previously approved on March 7, 2014. The claims administrator based his decision to deny the shoulder injections on the fact that two earlier injections had been approved in 2013 and that the attending provider had not documented the applicant's response to the same. The applicant's attorney subsequently appealed. In a June 23, 2014 progress note, the applicant reported persistent complaints of pain, stiffness, and swelling about the shoulder. The applicant apparently had rotator cuff issues superimposed on issues with calcifying tendonitis of the same. Limited left shoulder range of motion was noted, with flexion to 90 degrees and abduction to 80 degrees. 4/5 bilateral shoulder strength was appreciated. Right shoulder range of motion was also limited with flexion to 140 degrees. Painful range of motion was noted. Twelve sessions of physical therapy, a pain management referral, right shoulder injections, and a left shoulder MRI were sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy left shoulder x 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 8,99.

Decision rationale: The 12-session course of treatment proposed represents treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the issue reportedly present here. In this case, however, no rationale for treatment in excess of MTUS parameters was offered by the attending provider. It is further noted that page 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that there must be some demonstration of functional improvement at various milestones in the treatment program so as to justify continued treatment. In this case, however, the applicant's heightened shoulder complaints, heightened shoulder impairment as manifested by limited shoulder range of motion and limited shoulder strength, and seeming failure to return to work, taken together, argue against any functional improvement achieved with earlier unspecified amounts of physical therapy over the course of the claim. Therefore, the request for 12 additional sessions of physical therapy is not medically necessary.

Injections to right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 9, Table 9-6, page 213, prolonged or frequent use of corticosteroid injections about the shoulder joint are "not recommended." In this case, the applicant, per the claims administrator, has had at least two prior shoulder injections. The attending provider has seemingly sought authorization for injections in the plural, implying that the attending provider is, in fact, intending to perform repeated injections into the shoulder joint without interval assessment of functional improvement. This is not indicated, per ACOEM. Therefore, the request is not medically necessary.

Magnetic Resonance Imaging (MRI) left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

Decision rationale: While the applicant's presentation is consistent with a left shoulder rotator cuff tear status post earlier failed shoulder surgery, the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 214 notes that routine MRI imaging for evaluation purposes without surgical indications is "not recommended." In this case, it was not explicitly stated that the applicant was intent on acting on the results of the shoulder MRI in question and/or that the applicant was intent on pursuing further left shoulder surgery. Performing MRI imaging for evaluation purpose without any intent on acting on the results of the same and/or considering a surgical remedy is not medically necessary.

Pain management referral (previously certified): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd edition: Chapter 7; Independent Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the applicant is off of work. The applicant has multifocal pain complaints which are proven recalcitrant to both operative and non-operative treatment. Obtaining the added expertise of a physician specializing in chronic pain, such as a pain management physician, is indicated. Therefore, the request is medically necessary.