

Case Number:	CM14-0087835		
Date Assigned:	07/23/2014	Date of Injury:	03/27/2013
Decision Date:	09/19/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/11/2014

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 Internal 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 patient is an injured worker with right shoulder pain. Date of injury was 03-27-2013. Mechanism of injury was a fall. The most recent progress report submitted was the PR-2 primary treating physician's progress report dated 05-07-2013. Subjected complaints were neck pain, right shoulder pain, right arm pain, right wrist pain, and lumbosacral pain with pain into the right thigh. Objective findings included tenderness to palpation in the neck and lumbosacral spine, and deep tendon reflexes 2/4. Diagnoses were low back pain, neck pain, and right wrist pain. X-ray of the right shoulder dated 05-09-2013 reported a benign-appearing bone cyst in the humeral head, otherwise normal right shoulder. Initial physical therapy evaluation note dated 04-18-2013 documented low back pain and right upper extremity pain, with occasional numbness and tingling in the right lower extremity. Patient reported falling on her back. Diagnoses were lumbar sprain and elbow and forearm pain. The most recent physical therapy report was dated 05-30-2013. Utilization review determination date was 05-15-2014, which documented that the patient has completed 14 physical therapy sessions for the right shoulder.

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 for 3-4 weeks for The Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Physical Therapy (PT), Physical medicine treatment, Official Disability Guidelines (ODG), Shoulder (Acute & Chronic), Physical therapy.

Decision rationale: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 98-99) provide physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits over 8 weeks are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks are recommended. For arthritis medical treatment, 9 visits over 8 weeks are recommended. Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) recommend 10 visits over 8 weeks for sprained shoulder. The medical records indicate that the patient began physical therapy on 04-18-2013, and has completed 14 physical therapy sessions for the right shoulder. MTUS and Official Disability Guidelines recommend up to 10 visits over 8 weeks. No exceptional factors justifying additional physical therapy were documented. The request for additional Physical Therapy visits would exceed clinical guideline recommendations and is not medically necessary.

MRI of the Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 202. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209, 212-214.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses shoulder MRI. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 9 Shoulder Complaints state that relying only on imaging studies to evaluate the source of shoulder symptoms carries a significant risk of diagnostic confusion (false-positive test results). Routine MRI without surgical indications is not recommended. The 05-07-2013 PR-2 was the latest progress report present in the submitted medical records. X-ray of the right shoulder dated 05-09-2013 reported a benign-appearing bone cyst in the humeral head, otherwise normal right shoulder. No red flags were documented. No surgical indications were documented. The medical records do not provide support for the medical necessity of shoulder MRI. Therefore, the request for MRI of the right shoulder is not medically necessary.