

Case Number:	CM14-0088586		
Date Assigned:	09/08/2014	Date of Injury:	12/10/2012
Decision Date:	10/03/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/12/2014

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 Anesthesiology has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 55-year-old female with a 12/10/12 date of injury. At the time (5/28/14) of the Decision for physical therapy 2 times a week to the bilateral shoulder QTY: 12.00 and MRI of the bilateral shoulder without contrast per 04/30/14 form, there is documentation of subjective (bilateral shoulder pain and numbness and tingling in the upper extremities) and objective (positive impingement on 1 and 2 testing) findings, current diagnoses (bilateral shoulder impingement), and treatment to date (physical therapy and medication). Regarding physical therapy 2 times a week to the bilateral shoulder QTY: 12.00, the number of physical therapy sessions completed to date cannot be determined. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with previous therapy. Regarding MRI of the bilateral shoulder without contrast per 04/30/14 form, there is no documentation of normal plain radiographs.

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 to the bilateral shoulder QTY: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines ; Physical Medicaine Gui. Decision based on Non-MTUS Citation ODG Shoulder (updated 04/25/14); Physical therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Physical therapy Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of impingement syndrome not to exceed 10 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of bilateral shoulder impingement. In addition, there is documentation of treatment with previous physical therapy. The number of physical therapy sessions completed to date cannot be determined. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with previous therapy. Furthermore, the requested physical therapy 2 times a week to the bilateral shoulder QTY: 12.00 exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for physical therapy 2 times a week to the bilateral shoulder QTY: 12.00 is not medically necessary.

MRI of the bilateral shoulder without contrast per 04/30/14 form: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines Shoulder Complaints ; Special Studies and Diagnostic and Treatment Considerations; Table 9-5 regarding Magnetic resonance imaging (MRI)ODG Shoulder (updated 04/25/14) Magnetic resonance imaging (MRI)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Magnetic resonance imaging (MRI)

Decision rationale: MTUS reference to ACOEM Guidelines identifies documentation of preoperative evaluation of partial thickness or large full-thickness rotator cuff tears, as criteria necessary to support the medical necessity of shoulder MRI. ODG identifies documentation of acute shoulder trauma, suspect rotator cuff tear/impingement; normal plain radiographs; subacute shoulder pain, or suspect instability/labral tear, as criteria necessary to support the medical necessity of shoulder MRI. Within the medical information available for review, there is documentation of diagnoses of bilateral shoulder impingement. In addition, there is documentation of suspect rotator cuff tear/impingement. However, there is no documentation of

normal plain radiographs. Therefore, based on guidelines and a review of the evidence, the request for MRI of the bilateral shoulder without contrast per 04/30/14 form is not medically necessary.