

Case Number:	CM14-0090871		
Date Assigned:	09/10/2014	Date of Injury:	07/31/2003
Decision Date:	10/08/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/16/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 a 44-year-old male with a date of injury of 07/31/2003. The listed diagnosis per [REDACTED] is status post right ankle arthroscopic surgery x2, May 2008 and May 2006. According to progress report 05/21/2014, the patient presents with low back, neck, and left shoulder pain. Examination of the left shoulder revealed crepitus and positive impingement test. Range of motion of the left shoulder is flexion 65 degrees, extension 40 degrees, abduction 60 degrees, adduction 40 degrees, internal rotation 70 degrees, and external rotation 70 degrees. The treater is requesting 8 physical therapy sessions for the left shoulder and 1 radiograph of the left shoulder. Utilization review denied the request on 05/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of physical therapy to the left shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Shoulder (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: This patient presents with increased pain in his left shoulder and neck. He has been self treating his symptoms with over-the-counter medication and performing home exercises. The treater is requesting 8 physical therapy sessions for the left shoulder. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia, myositis type symptoms 9 to 10 visits over 8 weeks. In this case, [REDACTED] provides progress reports from 04/23/2013 to 05/21/2014. It is unclear if the patient has received physical therapy for his left shoulder in the past. Given there is no documentation of recent therapy, a course of 8 sessions may be warranted. Recommendation is for approval.

1 radiograph of the left shoulder: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) For shoulder, ODG-guidelines Recommended as indicated below. The acutely traumatized shoulder should be imaged with plain films that are orthogonal to each other. Shoulder arthrography is still the imaging "gold standard" as it applies to full-thickness rotator cuff tears, with over 99% accuracy, but this technique must be learned, so it is not always recommended. (Newberg, 2000) Plain radiographs should be routinely o

Decision rationale: This patient presents with pain in his left shoulder and neck. The treater is requesting an x-ray of the left shoulder for patient's increasing pain. There is no prior x-ray of the shoulder provided in the medical file. Utilization denied the request; however, the rationale section of the UR letter was cut off. ODG guidelines has the following regarding x-ray of the shoulders, "The acutely traumatized shoulder should be imaged with plain films that are orthogonal to each other." In this case, the treater is concerned of patient's increase in pain with crepitus and positive impingement sign. An X-ray for further evaluation is reasonable and recommendation is for approval.