

<b>Case Number:</b>	CM14-0106611		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	01/26/2005
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### 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 Rehab, 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 73 year old male with date of injury 1/26/05. The treating physician report dated 06/16/14 indicates the patient presents with pain affecting his left shoulder. The physical examination findings reveal in the left shoulder, clicking present about the subacromial space, positive impingement sign; there is a lipoma formation about the lateral deltoid 2 x 2 cm; active ROM was 160 degrees of forward elevation, 50 degrees external rotation, and internal rotation to T12. Right shoulder examination reveals normal results. Prior treatment included a left shoulder arthroscopy, acromioplasty, partial cuff tear, and partial labral tear debridement on 07/04/08. The current diagnosis is: 1. recurrent impingement with possibility of a partial cuff tear and a possibility of a lipoma formation. The utilization review report dated 06/24/14 denied the request for MRI, Lab-Creatinine, and Physical Therapy based on lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI left shoulder:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Online Shoulder Chapter, MRI section.

**Decision rationale:** The patient presents with left shoulder pain. The current request is for an MRI left shoulder. The treating physician indicates (8-9) that the current request is "to delineate if it is a lipoma and the extent of which, as well as a possible recurrent partial cuff tear." The ODG guidelines state, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology." In this case, the treating physician has documented significant examination findings, worsening pain post surgically and a request for clarification regarding a possible lipoma is made. The current request is medically necessary and supported by the ODG guidelines. Therefore, this request is medically necessary.

**Lab- Creatinine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American College of Rheumatology recommendations: (<http://www.rheumatology.org/Practice/Clinical/Quality/Drug-Safety/>).

**Decision rationale:** The patient presents with shoulder pain. The current request is for Lab-Creatinine. Based on the treating physician's report dated 06/16/14 there is no indication as to the specific request. The MTUS and ODG guidelines do not address Lab-Creatinine. However, for chronic NSAIDs, The American College of Rheumatology recommend hemoglobin or hematocrit is recommended at based-line and during the first year if the patient has risk factors for GI bleeding; and for risk for renal insufficiency, serum creatinine. In this patient, the treating physician does not identify any such risk factors. For Naproxen, at the current prescribed dose of less than 1100mg/day, there is no known hepatic risk unless the patient drinks alcohol, or has a liver condition. In this case, the documentation provided does not support the request. The IW's age does put him at risk for renal impairment. However, there is no evidence if the IW had previous labs or a history of renal impairment. There is no request for an MRI with arthrogram which would also warrant a serum creatinine. Medical necessity has not been established. Therefore, this request is not medically necessary.

**Physical Therapy left shoulder 2 times a week 4 - 6 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The patient presents with pain affecting their left shoulder. The current request is for Physical Therapy left shoulder 2 times a week 4 - 6 weeks. The treating physician does not indicate this specific request in their report dated 06/16/14 (8-9). The MTUS Guidelines

supports physical therapy 8-10 visits for myalgia and neuritis type conditions. There is no documentation provided to indicate when prior physical therapy was performed and how many sessions have been provided in the past. In this case, the patient may require a course of physical therapy. However, the current request is for 8-12 visits which exceed the MTUS guidelines of 9-10 visits. The current request is not medically necessary.