

Case Number:	CM14-0189098		
Date Assigned:	11/20/2014	Date of Injury:	01/14/2014
Decision Date:	01/08/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/12/2014

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 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 42-year-old female with a date of injury of 01/14/2014. The listed diagnoses are: 1. Left shoulder pain. 2. Left shoulder impingement. 3. Left shoulder rotator cuff arthropathy. 4. Lumbago without radiculopathy including spondylolisthesis at L4-L5. 5. Right foot plantar fasciitis. According to progress report dated 10/16/2014, the patient presents with left shoulder, low back, and left foot pain. The patient reports she has participated in 6 physical therapy sessions to date, which "did give her some relief of her symptoms but she still has ongoing left shoulder pain, low back without radiculopathy, and right foot pain." The patient continues to work and is on modified duty. Examination of the lumbar spine revealed forward flexion caused more pain than back extension. Reflexes are 2+/2+ at L4 and S1 bilaterally. Examination of the right foot revealed tenderness over the right plantar fasciitis. Examination of the left shoulder revealed positive impingement and O'Brien test. She has forward flexion to 120 degrees, shoulder abduction to 100 degrees, external rotation to 80 degrees, and internal rotation of 70 degrees. Radiographic evaluation of the left shoulder was performed, which revealed small arthritic change to the tip of the acromion. No fracture or tumor is identified. The patient has type I acromion. Radiographic evaluation of the lumbar spine demonstrated some degenerative disk disease especially noted at L1-L2 and very small degenerative spondylolisthesis at L4-L5, which is measured at 1-1.5 mm. Radiographic evaluation of the right foot "fails to demonstrate any bony abnormalities." The treater states the patient has not had an MRI of the shoulder or lumbar spine in the past. He would like MRI without contrast for further investigation and physical therapy twice weekly for the next 6 weeks. Utilization review denied the request on 10/29/2014. Treatment reports from 02/04/2014 to 10/16/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast, left shoulder, per 10/22/14 form quantity 1.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder Magnetic resonance imaging (MRI)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207,208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder chapter, MRI

Decision rationale: This patient presents with left shoulder, low back, and right foot pain. The current request is for magnetic resonance imaging (MRI) without contrast of left shoulder per 10/22/2014 form, #1. American College of Occupational and Environmental Medicine (ACOEM) Guidelines has the following regarding shoulder MRI on pages 207 and 208, "Routine testing (laboratory test, plain film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first 6 weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raise a suspicion of a serious shoulder condition or referred pain." Official Disability Guidelines (ODG) under shoulder chapter supports MRI of the shoulder if conservative measures have failed and rotator cuff/labral tear are suspected. In this case, the patient had a radiographic evaluation of the left shoulder on 10/16/2014, which demonstrated "small arthritic change on the tip of the acromion." The physician has documented limited shoulder ranges of motion, continued pain, failure of conservative treatment with physical therapy and has diagnosed the patient with impingement syndrome based on physical examination findings. The findings documented by the treating physician raise suspicion of a rotator cuff tear and the current request is supported by ODG. Treatment is medically necessary and appropriate.

Physical Therapy twice weekly, low back per 10/22/14 form quantity 12.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: This patient presents with low back, left shoulder, and right foot pain. The current request is for physical therapy twice weekly, low back, per 10/22/2014 form, #12. For physical medicine, the California Medical Treatment Utilization Schedule (MTUS) Guidelines page 98 and 99 recommends for myalgia, myositis type symptoms 9 to 10 sessions over 8 weeks. Review of the medical file indicates that the patient received 8 physical therapy sessions between 04/16/2014 and 05/12/2014. Handwritten physical therapy progress reports are provided but they are largely illegible. In this case, the current request for additional 12 physical therapy sessions

exceeds the MTUS recommendation of 9 to 10 visits. There is no rationale provided to indicate why the patient has not been transitioned into a self-directed home exercise program and there is no report of new injury, new surgery, or new diagnosis that could substantiate the current request. Treatment is not medically necessary and appropriate.