

Case Number:	CM14-0191254		
Date Assigned:	11/25/2014	Date of Injury:	12/19/2011
Decision Date:	01/13/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/17/2014

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 Family 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 injured worker is a 59-year-old female who experienced an industrial worker 12/19/11. The mechanism of injury and the affected body part(s) were not noted in the documentation. The most recent primary treating physician report was dated 10/07/14. She complained of frequent severe 8/10 dull, achy, sharp, stabbing, throbbing left shoulder pain radiating to the left hand. At this visit, she also complained of constant moderate 7/10 stabbing right shoulder pain and numbness. Objective findings noted sensation was decreased globally in the right upper extremity, the left shoulder ranges of motion were decreased. There was 2+ tenderness to palpation of the anterior shoulder, lateral shoulder, and acromioclavicular joint, Neer's and Hawkin's caused pain. The right shoulder ranges of motion were decreased and painful. There was 3+ tenderness to palpation of the anterior shoulder, lateral shoulder, and acromioclavicular joint, Neer's, Hawkin's, and supraspinatus press caused pain. Diagnoses were left shoulder sprain/strain; left shoulder impingement syndrome; status post right shoulder surgery; and partial tear of supraspinatus tendon of left shoulder per MRI. Treatment recommendations included therapy, left and right shoulder MRIs, and functional capacity evaluation. The patient had physical therapy approved several months ago but there was no documentation of significant objective functional improvements were made with that therapy. Based on the lack of participation in therapy, the guidelines did not support additional therapy at this time. Peer reviews were approved for left shoulder MRIs on 03/20/14 and 09/04/14; however, there was no documentation supporting worsening since prior imaging if it was completed. The patient had right shoulder MRIs done 01/2013 and 10/2013, but similar to the left shoulder MRIs, there was no documentation of a worsening condition that would justify repeat imaging. Based on these findings, there was insufficient guideline support for repeat right and left shoulder MRIs. The request for a Functional Capacity Evaluation was not specifically addressed in the CA MTUS

guidelines. The ACOEM guidelines in addition to ODG advises caution when using a Functional Capacity Evaluation due to inherent "limitations and pitfalls of these evaluations (ACOEM). It is recommended by ODG that Functional Capacity Evaluation should not be done unless case management is hampered by complex issues and the patient is at or very close to maximum medical improvement. At this time in the patient's medical treatment the documentation submitted does not support that she is near maximum medical improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue physical therapy two to three times per week for six weeks, kinetic activities:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178, Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 30,98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), physical therapy, per ODG website

Decision rationale: As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. Passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines indicate that for myalgia and myositis, 9-10 visits over 8 weeks is appropriate. The request is not reasonable as patient was injured in 2011 without documentation of how many sessions of PT previously performed and there is no documentation of objective functional improvement through prior therapy and it is unclear why patient cannot be directed to self HEP by now. Additionally, request does not clarify which body part Physical Therapy is being requested for. The request for Physical Therapy is not medically necessary.

MRI left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-9. Decision based on Non-MTUS Citation ODG, Shoulder Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 139, Chronic Pain Treatment Guidelines Shoulder Complaints Page(s): 202,214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder

(Acute & Chronic), status post right shoulder surgery; and partial tear of supraspinatus tendon of left shoulder per MRI, left shoulder MRI, per ODG website

Decision rationale: CA MTUS criteria for imaging include emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; or clarification of the anatomy prior to an invasive procedure. In addition, ODG criteria for shoulder MRI include normal plain radiographs, shoulder pain, and suspected pathology likely to be demonstrated on MRI. In the present case, there is no documentation of failure conservative care or that normal plain radiographs were obtained prior to this request. Additionally, the patient had right shoulder MRIs done 01/2013 and 10/2013, but similar to the left shoulder MRIs, there was no documentation of a worsening condition that would justify repeat imaging. Therefore, the request for MRI of left shoulder is not congruent with guideline recommendations and is not medically necessary.

MRI right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-9. Decision based on Non-MTUS Citation ODG Shoulder Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 139, Chronic Pain Treatment Guidelines Shoulder Complaints Page(s): 202,214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), status post right shoulder surgery; and partial tear of supraspinatus tendon of left shoulder per MRI, left shoulder MRI, per ODG website

Decision rationale: CA MTUS criteria for imaging include emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; or clarification of the anatomy prior to an invasive procedure. In addition, ODG criteria for shoulder MRI include normal plain radiographs, shoulder pain, and suspected pathology likely to be demonstrated on MRI. In the present case, there is no documentation of failure conservative care or that normal plain radiographs were obtained prior to this request. Additionally, the patient had right shoulder MRIs done 01/2013 and 10/2013, but similar to the left shoulder MRIs, there was no documentation of a worsening condition that would justify repeat imaging. Therefore, this request is for the request for MRI of right shoulder is not congruent with guideline recommendations and is not medically necessary.

Refer for functional capacity evaluation (FCE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines 2nd Ed., Independent Medical Examinations and Consultations Chapter, pages 137-138, ODG, Fitness for Duty Chapter, functional capacity evaluation (FCE) chapter Guidelines for performing an FCE

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 22, Chronic Pain Treatment Guidelines Prevention Page(s): 12,21,81.

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Work conditioning, work hardening - Functional Capacity Evaluation

Decision rationale: According to pages 132-139 of the ACOEM Guidelines referenced by CA MTUS, functional capacity evaluations (FCEs) may be ordered by the treating physician if the physician feels the information from such testing is crucial. Though FCEs are widely used and promoted, it is important for physicians to understand the limitations and pitfalls of these evaluations. FCEs may establish physical abilities and facilitate the return to work. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. ODG recommends FCE prior to admission to a work hardening program with preference for assessments tailored to a specific task or job. FCE is considered if there is prior unsuccessful return to work attempts, and the patient is close to maximum medical improvement. In this case, the patient was instructed to return to modified work with restrictions. The patient was instructed to limit the use of the right arm, no overhead work, limit pushing, pulling and lifting to 5 pounds, and no carrying. There was no documentation of attempts to return to work or that the patient is close to the point of maximum medical improvement. Therefore, the request for Functional Capacity Evaluation is not medically necessary.