

Case Number:	CM14-0197835		
Date Assigned:	12/08/2014	Date of Injury:	06/02/2014
Decision Date:	01/27/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/25/2014

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 Occupational Medicine, and is licensed to practice in Montana. 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 [REDACTED], with a date of injury of 6/2/14 when she fell onto her out stretched arms. She sustained injuries to the neck shoulders and upper extremities, particularly the right wrist. X-rays would demonstrate a distal radial fracture of the right wrist. Initial treatment included a short arm cast, hydrocodone, ibuprofen and physical therapy. She currently complains of neck pain, right shoulder pain and right wrist and hand pain. She would develop some left shoulder pain approximately 6 weeks after the initial injury. Her current diagnoses include cervical strain with degenerative disc disease, bilateral shoulder impingement, right shoulder full-thickness rotator cuff tear of the supraspinatus noted on MRI, and sprain of the right wrist with distal radial fracture. She did have an initial course of physical therapy with the treatment notes indicating no benefit. The primary treating physician has requested additional physical therapy 3 times per week for 4 weeks for the bilateral wrists and right shoulder and MRI of the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 3 times a week for 4 weeks, 12 total for both wrist and right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 212, 271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand, Physical therapy.

Decision rationale: The MTUS in the ACOEM guidelines for the shoulder notes that passive physical methods are not recommended unless accompanied by instruction for home exercises. Physical therapy for wrist sprain/pain is recommended for 9 visits over 8 weeks. The medical records do note that a previous course of physical therapy was performed without benefit. Without documentation of functional benefit associated with the previous physical therapy sessions, additional therapy would not be medically necessary. The number of visits requested also exceeds the recommended number of visits in the ODG guidelines. The request for additional physical therapy 3 times a week for 4 weeks for the bilateral wrists and right shoulder is not medically necessary.

MRI of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

Decision rationale: The MTUS, in the ACOEM guidelines states that routine testing (laboratory tests, plain-film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first month to six weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain. Cases of impingement syndrome are managed the same regardless of whether radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or AC joint. Suspected acute tears of the rotator cuff in young workers may be surgically repaired acutely to restore function; in older workers, these tears are typically treated conservatively at first. Partial-thickness tears should be treated the same as impingement syndrome regardless of magnetic resonance imaging (MRI) findings. Shoulder instability can be treated with stabilization exercises. The MTUS notes the primary criteria for ordering imaging studies are: - Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems).- Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon).- Failure to progress in a strengthening program intended to avoid surgery.- Clarification of the anatomy prior to an invasive procedure. In this case there does not appear to be a failure of conservative therapy for the left shoulder or emergence of a red flag condition. There is not adequate documentation to support MRI of the left shoulder. The request for MRI of the left shoulder is not medically necessary.