

<b>Case Number:</b>	CM14-0206371		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	09/19/2013
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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, 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 female with an injury date of 09/19/13. Based on the 09/10/14 progress report, the patient complains of left shoulder pain. The patient reports that pain is getting worse, unable to work, and Medrol Dose pack helped very briefly. There is tenderness to palpation along the greater tuberosity posteriorly. The patient is able to elevate to 140, externally rotate 30, and internally rotate to L5. X-ray of the left shoulder dated 01/22/14 showed normal findings. MRI of left shoulder dated 09/23/14 showed some edema within the substance of the infraspinatus. EMG-NCV (dated is not given) was negative. The diagnoses are: 1. Left shoulder pain after flu shot. 2. Left shoulder possible infraspinatus injection with edema. The treatment plan is to repeat EMG-NCV to make sure there is no subtle nerve injury; repeat MRI of left shoulder to evaluate to edema and health of the infraspinatus muscle; take MRI of the neck to confirm no radicular disease; and ask for acupuncture for the pain. Based on the 08/27/14 report, the treater prescribed Medrol Dose pack and two weeks of rest with no PT or work. The utilization review determination being challenged is dated 11/10/14. The treating physician provided treatment reports from 01/22/14-09/10/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions Physical Therapy 2 x 6: Upheld**

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

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

**Decision rationale:** This patient presents with left shoulder pain. The request is for 12 sessions of physical therapy per 11/03/14 report. MTUS pages 98, 99 have the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." The utilization review letter dated 11/10/14 states that the patient has completed 36 sessions of physical therapy for this injury. The reports do not discuss treatment history and the treater does not explain why therapy is being requested other than for subjective pain. There is no discussion of flare-ups, new injury or new symptoms warranting additional treatment. Furthermore, the requested 12 sessions exceed what is recommended per MTUS. The request is not medically necessary.

**Second opinion with Orthopedist:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, for Independent Medical Examinations and Consultations regarding referrals, Chapter 7

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127 Orthopedist.

**Decision rationale:** This patient presents with left shoulder pain. The request is for second opinion with Orthopedist. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." ACOEM guidelines support referral to a specialist to aid in complex issues. This patient suffers from chronic pain and the request is medically necessary.

**Doppler ultrasound of the left Brachial Plexus:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder (Acute and Chronic) chapter, Arterial Ultrasound TOS testing.

**Decision rationale:** This patient presents with left shoulder pain. The request is for Doppler Ultrasound of the left Brachial plexus. None of the reports provided discuss the request and the

rationale. Regarding Arterial Ultrasound TOS testing, ODG guideline, shoulder (Acute and Chronic) chapter, states "not recommended. Clinical tests for vascular thoracic outlet syndrome (vTOS) generally incorporate shoulder horizontal flexion/extension (HF/HE), abduction (ABD) and external rotation (ER). The effect of these clinical tests on blood flow characteristics and the most effective arm positions for detecting arterial compromise are, however, unknown." In this case, ODG guideline does not support Doppler Ultrasound for evaluation of thoracic outlet. The request is not medically necessary.