

Case Number:	CM14-0040352		
Date Assigned:	06/20/2014	Date of Injury:	02/28/2006
Decision Date:	01/16/2015	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/03/2014

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 Pain 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:

This is a patient with a date of injury of February 28, 2006. A utilization review determination dated February 24, 2014 recommends modified certification of physical therapy and non-certification of a shoulder MRI. Six visits of therapy were recommended for certification whereas 12 visits were requested. A progress report dated January 30, 2014 identifies subjective complaints of right shoulder pain with limited range of motion. The note indicates that the patient has previously undergone surgery for the left shoulder and has been diagnosed with right shoulder impingement. Physical examination findings revealed decreased range of motion in the right shoulder with positive impingement signs. Diagnoses include right shoulder impingement syndrome of progressive with rotator cuff tendinopathy. The treatment plan recommends an MRI of the right shoulder and physical therapy 12 sessions. The medications Tramadol, Anaprox, and Flexeril are also prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Magnetic resonance imaging (MRI)

Decision rationale: Regarding the request for MRI of the shoulder, Occupational Medicine Practice Guidelines state that more specialized imaging studies are not recommended during the 1st month to 6 weeks of activity limitation due to shoulder symptoms except when a red flag is noted on history or examination. Cases of impingement syndrome are managed the same whether or not radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or AC joint. Guidelines go on to recommend imaging studies for physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. ODG recommends MRI of the shoulder for subacute shoulder pain with suspicion of instability/labral tear or following acute shoulder trauma with suspicion of rotator cuff tear/impingement with normal plain film radiographs. Within the documentation available for review, it does not appear the patient has failed conservative treatment options directed towards the shoulder complaints. Furthermore, it is unclear how an MRI will change the patient's current treatment plan since the patient has not yet completed conservative treatment. In the absence of clarity regarding those issues, the currently requested shoulder MRI is not medically necessary.

Twelve physical therapy visits - three (3) times a week for four (4) weeks for the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical Therapy

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. ODG recommends 10 therapy visits for the treatment of rotator cuff syndrome/impingement syndrome. Sixteen therapy visits are recommended for adhesive capsulitis. Within the documentation available for review, it is clear the patient has subjective complaints and objective findings of a disorder of the rotator cuff. It does not appear the patient has undergone physical therapy previously for this condition. Guidelines recommend a maximum of 10 therapy visits for the patient's current diagnosis of "right shoulder impingement syndrome with rotator cuff tendinopathy." As such, the current request for 12 physical therapy visits is not medically necessary.