

<b>Case Number:</b>	CM15-0004856		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	01/21/2013
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 44 year old male who sustained an industrial injury on 01-21-13. Initial complaints and diagnoses are not available. Treatments to date include medications, back surgery, and injections. Diagnostic studies include MRIs. Current complaints include orthopedic reevaluation. Current diagnoses include right shoulder impingement syndrome and musculoligamentous strain in the cervical spine. In a progress note dated 11-19-14 the treating provider reports the plan of care as a second shoulder injection on the date of service, as well as physical therapy to the right shoulder and lumbar spine, a MRI of the right shoulder, and naproxen. The requested treatments include a Toradol injection with epinephrine and lidocaine, as well as physical therapy to the lumbar spine and right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60mg Toradol injection with lidocaine and epinephrine to the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

**Decision rationale:** Toradol or ketorolac is an NSAID. According to the CA/MTUS Chronic Pain Medical Treatment Guidelines, page 67, NSAIDs, specific recommendations are for: osteoarthritis (including knee and hip), back pain - acute exacerbations of chronic pain, back pain and neuropathic pain. Per CA/MTUS Chronic Pain Medical Treatment Guidelines there is no toradol injection indication for shoulder pain and thus the recommendation is for non-certification. The request is not medically necessary.

**Physical therapy 3 x 4 to the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** CA MTUS/ACOEM Chapter 12, Low back recommends 1-2 visits of physical therapy to develop a successful self-guided care program. This request is for more visits than recommended. Therefore the request is not medically necessary.

**Physical therapy 3 x 4 to the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

**Decision rationale:** Per the CA MTUS Post Surgical Treatment Guidelines, Shoulder, page 26-27 the recommended amount of postsurgical treatment visits allowable are: Acromioclavicular joint dislocation (ICD9 831.04): AC separation, type III+: 8 visits over 8 weeks: Post-surgical physical medicine treatment period: 6 months. Adhesive capsulitis (ICD9 726.0): Postsurgical treatment: 24 visits over 14 weeks: Postsurgical physical medicine treatment period: 6 months. Arthritis (Osteoarthritis; Rheumatoid arthritis; Arthropathy, unspecified) (ICD9 714.0; 715; 715.9; 716.9): Postsurgical treatment, arthroplasty, shoulder: 24 visits over 10 weeks: Post-surgical physical medicine treatment period: 6 months. Brachial plexus lesions (Thoracic outlet syndrome) (ICD9 353.0): Postsurgical treatment: 20 visits over 10 weeks-Post-surgical physical medicine treatment period: 6 months. Complete rupture of rotator cuff (ICD9 727.61; 727.6): Postsurgical treatment: 40 visits over 16 weeks-Post-surgical physical medicine treatment period: 6 months. Dislocation of shoulder (ICD9 831): Postsurgical treatment (Bankart): 24 visits over 14 weeks-Post-surgical physical medicine treatment period: 6 months. Fracture of humerus (ICD9 812): Post-surgical treatment: 24 visits over 14 weeks-Post-surgical physical medicine treatment period: 6 months. Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12): Post-surgical treatment, arthroscopic: 24 visits over 14 weeks-Post-surgical physical medicine treatment period: 6 months. Post-surgical treatment, open: 30 visits over 18 weeks-Post-surgical physical medicine treatment period: 6 months. Sprained shoulder; rotator cuff (ICD9 840; 840.4): Post-surgical treatment (RC repair/acromioplasty): 24 visits over 14 weeks-Post-surgical physical medicine treatment period: 6 months. The guidelines recommend

initial course of therapy to mean one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in the guidelines. In this case the diagnosis has not been specified and thus no recommendation for physical therapy can be made. Therefore, the determination is for non-certification. The request is not medically necessary.