MAXIMUS Federal Services

Case Number:	CM15-0015873		
Date Assigned:	02/03/2015	Date of Injury:	07/17/2001
Decision Date:	04/07/2015	UR Denial Date:	01/10/2015
Priority:	Standard	Application Received:	01/27/2015

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: Pennsylvania, Ohio, California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 65-year-old male, with a reported date of injury of 07/17/2001. The diagnoses include status post right shoulder rotator cuff repair. Treatments have included physical therapy, oral medication, topical medication, an MRI of the right knee on 02/25/2013, an x-ray of the right knee on 02/04/2013, a nerve conduction study of the bilateral lower extremities on 07/09/2008, and an MRI of the left shoulder in 2004.The progress report dated 12/22/2014 indicates that the injured worker's pain level and activity level had remained unchanged since the last visit. The injured worker stated that he was only using his pain medication very sparingly and only when in extreme pain. There was a limitation in motion, joint pain, and muscle pain. The objective findings included restricted movements of the left shoulder and tenderness on palpation in the acromioclavicular joint, biceps groove and glenohumeral joint; restricted range of motion of the right knee, crepitus noted with active movement, tenderness to palpation over the medial joint line, and mild effusion in the right knee joint. The treating physician recommended twelve more physical therapy sessions for the right knee due to an increase in symptoms and an MRI of the left shoulder to rule out rotator cuff tear and biceps tendon tear. On 01/10/2015, Utilization Review (UR) modified the request for twelve (12) physical therapy visits and denied the request for one (1) MRI of the left shoulder. The UR physician noted that the injured worker demonstrated functional benefit and a reduction in pain from the previous physical therapy sessions, no current subjective report of left shoulder complaints, no documentation of any change in the left shoulder symptoms, and no evidence of

conservative care focusing on the left shoulder. The MTUS Chronic Pain Guidelines and the ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy Visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 99.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic Pain Medical Treatment Guidelines, section on Physical Medicine, pages 99 recommends transition to an independent home rehabilitation program. It is unclear at this time why the patient would require additional supervised therapy rather than independent home rehabilitation. This request is not supported by the treatment guidelines. This request is not medically necessary.

MRI Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208 and 209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

Decision rationale: ACOEM Guidelines, Chapter 9, Shoulder, page 209 states that relying on imaging studies to evaluate shoulder symptoms carries a significant risk of diagnostic confusion. The guidelines instead encourage initial conservative treatment, which has not been documented at this time, followed by detailed physical examination and a differential diagnosis if an MRI is then indicated. Again, the records do not document sufficient initial conservative treatment to support an indication for an MRI of the shoulder at this time. This request is not medically necessary.