

<b>Case Number:</b>	CM15-0017733		
<b>Date Assigned:</b>	04/21/2015	<b>Date of Injury:</b>	07/20/2005
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	01/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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

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 50 year old female with an industrial injury date of 07-20-2005. Medical record review indicates she is being treated for bilateral shoulder impingement-bursitis, bilateral shoulder tendinosis and bilateral shoulder AC arthrosis. Subjective complaints (11-12-2014) included right shoulder pain rated as 6 out of 10, which increases with raising her arm over her head or reaching towards her back seat. The injured worker noted about 85% relief for about a week and a half after the corticosteroid injection to right shoulder. She also complained of left shoulder pain rated as 5 out of 10 that increased with reaching overhead. Work status (11-12-2014) is documented as "restrictions - defer to PTP." Prior treatment is documented as corticosteroid injection to right shoulder. "She has not had any therapy for the shoulders at this time." "She had chiro-phiso treatment for her bilateral shoulders; however this was closer to her date of injury in 2005." Her medications included Norco, Tramadol and Aleve. Prior diagnostics are documented in the 11-12-2014 note by the treating physician as follows: MRI of right shoulder (12-03-2012), Moderate rotator cuff tendinosis with down sloping acromion and mild to moderate acromioclavicular joint degenerative change without full thickness tear or retraction without acute osseous or labral signal abnormality. MRI of the left shoulder (12-03-2012), Mild to moderate rotator cuff tendinosis with down sloping acromion and acromioclavicular joint degenerative change. Small joint effusion is seen with synovitis. Physical exam (11-12-2014) of the right shoulder findings are documented as no pain with range of motion and no tenderness to palpation on any ligament, tendon or bone structures. O'Brien and Neer test was positive. Left shoulder exam documented tenderness to palpation over the AC joint with "no pain with

range of motion." Bilateral shoulders are documented as "stable and tracks well with range of motion." "There is no instability with manipulation or weight bearing." On 01-05-2015 utilization review issued the following decision for the requested treatments: Physical therapy 2 x 6, total 12 visits - modified to 8 visits. Bilateral MRI of the shoulders - denied.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Bilateral MRI of the shoulders:** 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), Treatment Index, 12 Edition (web), 2014, Shoulder-MRI.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, under Magnetic Resonance Imaging.

**Decision rationale:** The patient was injured on 07/20/15 and presents with pain in her neck, shoulders, and wrist. The request is for a bilateral MRI of the shoulders. The RFA is dated 11/19/14 and the patient is permanent and stationary. The patient had a prior MRI of both shoulders on 12/03/12. ODG Guidelines, Shoulder Chapter, under Magnetic Resonance Imaging has the following: Recommended as indicated below. Magnetic resonance imaging (MRI) and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. Magnetic resonance imaging may be the preferred investigation because of its better demonstration of soft tissue anatomy. Subtle tears that are full thickness are best imaged by MR arthrography, whereas larger tears and partial-thickness tears are best defined by MRI, or possibly arthrography, performed with admixed gadolinium, which if negative, is followed by MRI. The results of a recent review suggest that clinical examination by specialists can rule out the presence of a rotator cuff tear, and that either MRI or ultrasound could equally be used for detection of full-thickness rotator cuff tears. Shoulder arthrography is still the imaging "gold standard" as it applies to full-thickness rotator cuff tears, with over 99% accuracy, but this technique is difficult to learn, so it is not always recommended. Magnetic resonance of the shoulder and specifically of the rotator cuff is most commonly used, where many manifestations of a normal and an abnormal cuff can be demonstrated. Indications for imaging -- Magnetic resonance imaging (MRI): Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs... Subacute shoulder pain, suspect instability/labral tear... Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The patient has a positive Spurling's test bilaterally with pain to the shoulders. She is diagnosed with bilateral shoulder arthralgia, bilateral shoulder impingement-bursitis, bilateral shoulder tendinosis and bilateral shoulder AC arthrosis. The patient had a prior MRI of both the right and left shoulder. The 12/03/12 MRI of right shoulder revealed moderate rotator cuff tendinosis with down sloping acromion and mild to moderate acromioclavicular joint degenerative change without full thickness tear or retraction without acute osseous or labral signal abnormality. The 12/03/12 MRI of the left shoulder revealed mild to moderate rotator cuff

tendinosis with down sloping acromion and acromioclavicular joint degenerative change. Small joint effusion is seen with synovitis. ODG Guidelines do not support repeat MRI imaging of the shoulders unless the patient presents with a significant change in symptoms or in patient's whose physical examination findings suggest significant pathology or decline. In this case, the provider does not document any significant decline in this patient's presentation. Without physical examination findings indicative of a significant pathology or evidence of recent re-injury, the requested imaging study cannot be substantiated. The request IS NOT medically necessary.

**Physical therapy 2x6, total 12 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** The patient was injured on 07/20/15 and presents with pain in her neck, shoulders, and wrist. The request is for physical therapy 2x6, total 12 visits. The RFA is dated 11/19/14 and the patient is permanent and stationary. The patient has had prior therapy sessions. MTUS Guidelines, Physical Medicine, pages 98 and 99 have the following: Physical medicine: Recommended as an indicated below. Allow for fading of treatments frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS Guidelines pages 98 and 99 state that for myalgia, myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. The patient has a positive Spurling's test bilaterally with pain to the shoulders. She is diagnosed with bilateral shoulder arthralgia, bilateral shoulder impingement-bursitis, bilateral shoulder tendinosis and bilateral shoulder AC arthrosis. The 12/11/14 report states that the patient has had prior physical therapy, "which did not help with her symptoms." It is unclear when the patient had this physical therapy and how many sessions she had in total. Given the absence of documentation of functional improvement as defined and required by MTUS Guidelines, additional sessions of physical therapy cannot be reasonably warranted as the medical necessity. Furthermore, the requested 12 sessions of physical therapy exceeds what is recommended by MTUS guidelines. The request IS NOT medically necessary.