

Case Number:	CM15-0138468		
Date Assigned:	07/28/2015	Date of Injury:	01/06/2015
Decision Date:	08/27/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/16/2015

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, Pain Management

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 58 year old female, who sustained an industrial injury on 1/6/2015. The mechanism of injury is unknown. The injured worker was diagnosed as having right humerus open reduction-internal fixation. Right shoulder x ray showed good shoulder alignment with fracture healing. Treatment to date has included 24 physical therapy visits and medication management. In a progress note dated 6/2/2015, the injured worker presents for follow up visit for right humerus fracture and surgery. Physical examination showed healed right shoulder with no tenderness. The treating physician is requesting right shoulder magnetic resonance imaging and 12 visit of physical therapy to the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Postsurgical Treatment Guidelines.

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, ACOEM Guidelines state that more specialized imaging studies are not recommended during the 4 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 further specify 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, this patient has had humeral ORIF on 1/20/15. The patient has undergone 24 sessions of PT and had x-rays which showed intact hardware. The progress note associated with this request specifies that the rationale for the MRI to rule out a tear. However, the exam is scant and the handwriting is difficult to decipher. No clear exam findings suspicious for tear are identified. Given this, the currently requested right shoulder MRI is not medically necessary.

Physical therapy 3 times a week for 4 weeks (12 visits) to the right shoulder: 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-TWC), Chapter: Shoulder - Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99, Postsurgical Treatment Guidelines Page(s): 26, 27.

Decision rationale: In the case of this request, the patient has undergone right shoulder surgery to address a humeral fracture. For this type of post-operative shoulder surgery, the recommended course is 24 post-operative visits of physical therapy. The guidelines state: "Fracture of humerus (ICD9 812): Postsurgical treatment: 24 visits over 14 weeks, Postsurgical physical medicine treatment period: 6 months." The submitted medicals indicate the patient has had at least 24 session of PT. A postoperative physical therapy course should follow the CA MTUS guidelines. In cases where there is deviation, there should be failed documentation of a home exercise program that was attempted following the post-operative formal physical therapy. In this case, there documentation of possible adhesive capsulitis so some additional therapy maybe warranted, but a full 12 session course is not consistent with guidelines. The CPMTG recommend trialing formal PT, and only with documentation of functional benefit should further therapy be warranted. The IMR process does not modify original requests. This request is not medically necessary at this time.