

Case Number:	CM15-0144792		
Date Assigned:	08/05/2015	Date of Injury:	08/28/2014
Decision Date:	09/02/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/27/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 46 year old female who sustained an industrial/work injury on 8-28-14. She reported an initial complaint of shoulder pain. The injured worker was diagnosed as having right shoulder rotator cuff partial tear with scapular dysfunction, left shoulder partial rotator cuff tear, right inferomedial scapular bursitis, lateral and medial epicondylitis, right elbow cubital tunnel syndrome, and right forearm overload, and possible right cervical radiculopathy. Treatment to date includes medication, physical therapy, diagnostics, and activity modification. Currently, the injured worker complained of right shoulder pain rated 10 out of 10 and also the left shoulder that has been overcompensating for the right. Per the primary physician's report (PR-2) on 7-7-15, positive impingement tests, supraspinatus resistance test of 4 plus out of 5, forward elevation at 160 degrees bilaterally, and palpation demonstrated tender anterosuperior cuff bilaterally, and tender inferomedial pole scapula. The requested treatments include scapula based rehabilitation program (bilateral shoulders) and corticosteroid injection of right scapula

IMR ISSUES, DECISIONS AND RATIONALES

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

Scapula based rehabilitation program (bilateral shoulders): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, scapula based rehabilitation program (bilateral shoulders) is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are right shoulder rotator cuff partial tear scapular dysfunction; left shoulder partial rotator cuff tear; right interfomedial scapular bursitis; lateral and medial epicondylitis right elbow; cubital tunnel syndrome right elbow; right forearm overload; and possible right cervical radiculopathy. The date of injury is August 28, 2014. Request for authorization is July 8, 2015. According to the documentation in the medical record the injured worker received 23 prior physical therapy sessions to the shoulders from January 9, 2015 April 3, 2015. The most recent progress note in the medical record dated July 7, 2015 subjectively states the shoulder symptoms are unchanged and the pain score is 10/10. The injured worker has a new complaint of left shoulder pain. Objectively, there is positive impingement, decreased range of motion with normal motor and sensory function. The injured worker is also complaining of bursal type pain. The treating provider is recommending a cortisone injection to the affected bursa. The documentation does not demonstrate objective functional improvement from the prior 23 sessions of physical therapy. The injured worker has a pain scale of 10/10 and claims her symptoms are unchanged. In the absence of objective functional improvement, additional physical therapy is not clinically indicated. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines as clinically indicated. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, scapula based rehabilitation program (bilateral shoulders) is not medically necessary.

Corticosteroid injection of right scapula: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Injections Shoulder section, Injections.

Decision rationale: Pursuant to the Official Disability Guidelines, corticosteroid injection right scapula is not medically necessary. Corticosteroids are recommended in limited circumstances for acute radicular pain. They are not recommended for acute non-radicular pain or chronic pain. The criteria for use of corticosteroids (for low back pain) include clearcut signs and symptoms of radiculopathy; risks of steroids should be discussed and documented in the record; evidence that research provide limited evidence of effect should be documented in the medical record

and current research indicates early treatment is most successful, treatment and the chronic phase should generally be after a symptom-free period with subsequent exacerbation or evidence of a new injury. In this case, the injured worker's working diagnoses are right shoulder rotator cuff partial tear scapular dysfunction; left shoulder partial rotator cuff tear; right interfomeral scapular bursitis; lateral and medial epicondylitis right elbow; cubital tunnel syndrome right elbow; right forearm overload; and possible right cervical radiculopathy. The date of injury is August 28, 2014. Request for authorization is July 8, 2015. According to the documentation in the medical record, the injured worker received 23 prior physical therapy sessions to the shoulders from January 9, 2015 April 3, 2015. The most recent progress note in the medical record dated July 7, 2015 subjectively states the shoulder symptoms are unchanged and the pain score is 10/10. The injured worker has a new complaint of left shoulder pain. Objectively, there is positive impingement, decreased range of motion with normal motor and sensory function. The injured worker is also complaining of bursal type pain. The treating provider is recommending a cortisone injection to the affected bursa. The physical examination according to the progress note dated July 7, 2015 does not include objective findings of the right scapula. There are no objective findings of bursitis in the medical record. Additionally, there is no documentation of the risks of steroids discussed and documented in the medical record. Consequently, absent clinical documentation with objective findings of right scapula bursitis, corticosteroid injection to the right scapula is not medically necessary.