

Case Number:	CM15-0148082		
Date Assigned:	08/11/2015	Date of Injury:	06/13/2014
Decision Date:	09/09/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	07/30/2015

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: Emergency 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:

This injured worker is a 50 year old male who reported an industrial injury on 6-13-2014. His diagnoses, and or impression, were noted to include: impingement disease, tendinitis and mild acromioclavicular arthritis. Diagnostic x-rays and magnetic resonance imaging studies were said to have been done, yielding the diagnosis. His treatments were noted to include Ibuprofen only, until modified work duties were ordered. Provided documentation is very poor. Most progress notes have single line statements with little detail and orthopedic progress note does not detail any prior imaging or treatment attempted thus far. The initial orthopedic consultation progress notes of 7-20-2015 reported complaints of right shoulder pain. Objective findings were noted to include mild tenderness in the subacromial area with positive impingement test and decreased range-of motion and slight weakness in the rotator cuff strength. The physician's requests for treatments were noted to include physical therapy and a series of 3 Cortisone injections, 1 injection about every 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 3 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Guidelines also recommend only up to 10 PT sessions for the diagnosis listed. The provider requested 12 sessions with no documentation of any prior PT. The requested number of sessions exceed guideline recommendations. 12 PT sessions are not medically necessary.

Series of cortisone given 4-6 weeks apart if needed for tendonitis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: steroid injection.

Decision rationale: ACOEM guidelines only have basic recommendations concerning cortisone injections. Official Disability Guidelines were used for detailed criteria. As per ODG, steroid injections may be recommended under certain criteria. Documentation fails multiple criteria. This request for a series of 3 "as needed" is not an appropriate request. Guidelines recommend a trial of a single injection and any additional injection may be considered only if there is evidence of objective benefit. Guidelines also recommend injection after failure of conservative therapy and only with a specific plan which was not documented beyond pain control. Documentation fails to support need for cortisone injection of shoulder especially a series of 3. Therefore, the request is not medically necessary.