

Case Number:	CM15-0149174		
Date Assigned:	08/12/2015	Date of Injury:	12/03/2014
Decision Date:	09/15/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	07/31/2015

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, Hawaii
 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 58-year-old male, who sustained an industrial injury on 12-3-2014. The mechanism of injury is unknown. The injured worker was diagnosed as having left shoulder rotator cuff tear and left shoulder acromioclavicular and gleno-humeral joint osteoarthritis. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In the most recent progress note dated 3-18-2015, the injured worker complains of bilateral shoulder weakness. Physical examination showed left shoulder drop sign, left shoulder impingement and left shoulder pain and crepitus. The treating physician is requesting 18 visits of physical therapy and a corticosteroid injection with ultrasound guidance to the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 18 visits: Upheld

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

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

Decision rationale: The patient presents with pain affecting the bilateral shoulders. The current request is for Physical therapy x 18 visits. The requesting treating physician report was not found in the documents provided for review. MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue with a home exercise program. The medical reports provided show the patient has received prior physical therapy, although it is uncertain the quantity of sessions that were dedicated to the bilateral shoulders. The patient's status is not post-surgical according to the documents provided for review. In this case, the patient has received an unknown number of visits of physical therapy to date and the current request of 18 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. Additionally the current request does not specify a location that is to be addressed during physical therapy. The current request is not medically necessary.

Corticosteroid injection with ultrasound guidance to left shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Procedure Summary Online Version - Criteria for steroid injections.

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

Decision rationale: The patient presents with pain affecting the bilateral shoulders. The current request is for Corticosteroid injection with ultrasound guidance to left shoulder. The requesting treating physician report was not found in the documents provided for review. The report dated 2/18/15 (24B) notes that the patient is currently establishing a home exercise program and is taking OTC NSAIDs and analgesics. The ODG guidelines recommend a steroid injection of the shoulder for diagnoses of adhesive capsulitis, impingement syndrome, or rotator cuff problems, except for post-traumatic impingement of the shoulder after 3 months of exercise and NSAIDs. The medical reports provided do not show that the patient has had an injection of the left shoulder previously. In this case, the patient presents with bilateral shoulder impingement syndrome and rotator cuff tear. Furthermore, the patient has had previous physical therapy, and at least 3 months of exercise and NSAIDs. The current request satisfies the ODG guidelines as outlined in the "Shoulder" chapter. The current request is medical necessary.