

<b>Case Number:</b>	CM15-0168075		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	01/10/2014
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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: Massachusetts

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 47 year old male, who sustained an industrial injury on 01-10-2014. He reported injury to the right shoulder. The injured worker was diagnosed as having adhesive capsulitis, right shoulder; status post right shoulder arthroscopic subacromial decompression and debridement of the right rotator cuff and manipulation under anesthesia, on 06-26-2015; and left shoulder pain. Treatment to date has included medications, diagnostics, ice, physical therapy, and surgical intervention. A progress report from the treating provider, dated 07-21-2015, documented a follow-up visit with the injured worker. Currently, the injured worker is post-op right shoulder surgery, on 06-25-2015; he complains of left shoulder pain with overhead activities as well as with lifting, pulling, and pushing; he has pain on the left arm as well; any range of motion is also painful; he is able to feel and move all of his left and right upper extremity; and he has completed his physiotherapy sessions and has not benefitted significantly for these sessions. Objective findings have included the right shoulder wounds are intact and there is no evidence of infection; range of motion of the right shoulder is decreased, as well as on the left side; on the left side, there are positive impingement, Hawkins, and Jobe's tests; apprehension sign is positive on the right side; on the right side, there is positive decreased range of motion; and sensation is intact to light touch and pinprick in all dermatomes in the left and right upper extremities. The treatment plan has included the request for six (6) sessions of physical therapy evaluation and treatment for the right shoulder; and one MRI of the left shoulder without contrast.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Six (6) sessions of physical therapy evaluation and treatment for the right shoulder:**

Overtured

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

**Decision rationale:** The claimant sustained a work-related injury in January 2014 and is being treated for bilateral shoulder pain. A right shoulder rotator cuff decompression and rotator cuff debridement with manipulation under anesthesia was done on 06/26/15. When seen, he was having left shoulder, arm, and elbow pain. He was having decreased wrist sensation with numbness and tingling. Physical examination findings included decreased shoulder range of motion, worse on the left side. There was Positive left impingement and Jobe's testing. Shoulder strength was decreased bilaterally. Post-operative physical therapy for the right shoulder and physical therapy for the left shoulder were requested. At the previous visit, an MRI of the left shoulder was requested. After the surgery performed, guidelines recommend up to 24 visits over 14 weeks with a physical medicine treatment period of 6 months. Guidelines recommend an initial course of therapy of one half of this number of visits and a subsequent course of therapy can be prescribed and continued up to the end of the postsurgical physical medicine period. In this case, the requested number of initial post-operative therapy visits is within accepted guidelines and medically necessary.

### **One MRI of the left shoulder without contrast: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter (Acute & Chronic), Magnetic Resonance Imaging (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 (Acute & Chronic), Magnetic resonance imaging (MRI).

**Decision rationale:** The claimant sustained a work-related injury in January 2014 and is being treated for bilateral shoulder pain. A right shoulder rotator cuff decompression and rotator cuff debridement with manipulation under anesthesia was done on 06/26/15. When seen, he was having left shoulder, arm, and elbow pain. He was having decreased wrist sensation with numbness and tingling. Physical examination findings included decreased shoulder range of motion, worse on the left side. There was Positive left impingement and Jobe's testing. Shoulder strength was decreased bilaterally. Post-operative physical therapy for the right shoulder and physical therapy for the left shoulder were requested. At the previous visit, an MRI of the left shoulder was requested. Applicable indications in this case for obtaining an MRI of the shoulder

include the presence of red flags such as suspicion of cancer or infection or, with subacute shoulder pain, when instability or a labral tear is suspected. In this case, there are no identified red flags and no reported complaints or physical examination findings that suggest instability or labral pathology. Plain film imaging of the left shoulder is not reported and the claimant has not had conservative treatments with physical therapy for the left shoulder. The requested left shoulder MRI is not medically necessary.