

<b>Case Number:</b>	CM15-0185766		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	08/05/2011
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 35 year old female, who sustained an industrial injury on 8-5-11. The injured worker is being treated for right shoulder derangement, cervicgia and unspecified derangement of shoulder joint. Treatment to date has included oral and topical medications and activity modifications. On 7-9-15, the injured worker complains of pain in neck, upper back and right shoulder with radiation to the right arm; associated with tingling and numbness in the right arm and hand, the pain is intermittent in frequency and moderate in intensity and rated 4-7 out of 10. She notes the pain is relieved with medications, ice and rest and she also notes her symptoms have been worsening. Physical exam performed on 7-9-15 revealed tenderness to palpation over the right cervical paraspinal muscles and superior trapezius and exam of the right shoulder revealed tenderness to palpation over the anterior aspect of the shoulder; motor strength testing and deep tendon reflexes were normal. The treatment plan included request for right shoulder (MRI) magnetic resonance imaging and physical therapy. On 8-21-15 a request for (MRI) magnetic resonance imaging of right shoulder and physical therapy was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Summary.

**Decision rationale:** According to the ACOEM guidelines, an MRI or arthrography of the shoulder is not recommended for evaluation without surgical considerations. It is recommended for pre-operative evaluation of a rotator cuff tear. Arthrography is optional for pre-operative evaluation of small tears. The claimant did not have acute rotator cuff tear findings. There was no plan for surgery. The exam findings did not indicate significant limitations or neurological findings. The MRI request of the shoulder is not medically necessary.

**Physical therapy for neck and right shoulder Qty: 8:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care, and Shoulder Complaints 2004, Section(s): Initial Care, Activity Modification, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** The guidelines recommend no more than 8-10 visits of therapy for most musculoskeletal conditions in a fading frequency with the remaining to be performed at home. In this case, there was request for therapy for several months. The amount completed and therapeutic response is unknown. There is no indication that additional therapy cannot be completed at home. The request for 8 sessions of physical therapy is not medically necessary.