

Case Number:	CM15-0196240		
Date Assigned:	10/09/2015	Date of Injury:	04/17/2015
Decision Date:	11/18/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/06/2015

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:

This injured worker is a 56 year old female who reported an industrial injury on 4-17-2015. Her diagnoses, and or impressions, were noted to include: right shoulder muscle strain; and calcification tendinitis of right shoulder. Recent x-rays of the right shoulder were said to be done on 7-8-2015; no imaging studies were noted. Her treatments were noted to include: completion of 12 physical therapy and 6 acupuncture treatments - with temporary improvement; daily ice-heat therapy; right shoulder injection (8-17-15 & 9-2-15), some improvement; medication management; and a return to modified work duties before a return to full work duties on 6-5-15, and then back to modified work duties on 9-2-2015. The progress notes of 9-2-2015 reported complaints which included finally feeling better with her right, intermittent shoulder pain, rated 3 out of 10, following the injection of 8-17-2015, which was aggravated by work, and relieved by medications. The objective findings were noted to include: no acute distress; a forward head posture; mild right rhomboid tenderness with moderate spasms to the bilateral cervical paraspinal, sub-occipital, and upper trapezius-levator scapula's and right bicipital tendon; > stiffness in the left shoulder; and the review of diagnostic studies. The physician's request for treatments was noted to include physical therapy for the right shoulder, 2 x a week x 3 weeks, or right shoulder magnetic resonance imaging studies. No progress notes provided noted a request for physical therapy for the right shoulder, 2 x a week x 3 weeks, and right shoulder magnetic resonance imaging studies. No Request for Authorization for physical therapy for the right shoulder, 2 x a week x 3 weeks; and right shoulder magnetic resonance imaging studies. The

Utilization Review of 9-16-2015 was noted to non-certify the request for physical therapy for the right shoulder, 2 x a week x 3 weeks, and right shoulder magnetic resonance imaging studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right shoulder 2x3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

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), physical therapy.

Decision rationale: The claimant sustained a work injury in April 2015 when, she started to have right neck and right shoulder while sitting at a chair using a low table and writing for about three hours. Treatments have included completion of six acupuncture and 12 physical therapy sessions. An x-ray of the right shoulder in July 2015 included findings of calcific tendinitis. A shoulder injection was performed in August 2015. When seen, she had upper back pain rated at 2/10 and right shoulder pain rated at 3/10. She had improved after the shoulder injection. Physical examination findings included a forward head posture. There was mild bilateral cervical paraspinal, right rhomboid, bilateral upper trapezius and levator scapular, right biceps tendon, and bilateral suboccipital region tenderness. There was full range of motion. Authorization is being requested for additional physical therapy and an MRI of the left shoulder. In terms of physical therapy for the claimant's condition, guidelines recommend up to 10 treatment sessions over 8 weeks and the claimant has already had physical therapy for this condition. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of TheraBands and a home pulley system for strengthening and range of motion. In this case, the number of additional visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. The request is not medically necessary.

MRI of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

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 injury in April 2015 when, she started to have right neck and right shoulder while sitting at a chair using a low table and writing for about

three hours. Treatments have included completion of six acupuncture and 12 physical therapy sessions. An x-ray of the right shoulder in July 2015 included findings of calcific tendinitis. A shoulder injection was performed in August 2015. When seen, she had upper back pain rated at 2/10 and right shoulder pain rated at 3/10. She had improved after the shoulder injection. Physical examination findings included a forward head posture. There was mild bilateral cervical paraspinal, right rhomboid, bilateral upper trapezius and levator scapular, right biceps tendon, and bilateral suboccipital region tenderness. There was full range of motion. Authorization is being requested for additional physical therapy and an MRI of the left shoulder. Applicable indications for obtaining an MRI of the shoulder are acute trauma where there is a suspected rotator cuff tear/impingement with normal x-rays or subacute shoulder pain where instability or a labral tear is suspected. In this case, the claimant has calcific tendonitis which explains her symptoms. She has improved with physical therapy and the injection performed. There is no evidence of a rotator cuff tear or labral pathology. The requested shoulder MRI is not medically necessary.