MAXIMUS Federal Services

Case Number:	CM15-0196613		
Date Assigned:	10/12/2015	Date of Injury:	06/02/2014
Decision Date:	11/24/2015	UR Denial Date:	09/21/2015
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: Indiana, Michigan, 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 37 year old female who experienced a work related injury on June 2, 2014. Diagnoses include bilateral shoulder sprain and strain, left shoulder impingement and cervical musculoligamentous sprain and strain with radicular pain to the bilateral upper extremities. No treatment modalities are documented. Request is for twelve physical therapy visits to the left shoulder and one diagnostic ultrasound of the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy visits to the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) Physical therapy (2015); ODG Preface.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care, Summary, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (acute and chronic): physical therapy (2015).

Decision rationale: The injured worker suffers from pain involving left shoulder impingement. Chart review does not indicate any previous or active treatment modalities. MTUS recognizes that physical modalities may be useful in the initial treatment of acute shoulder symptoms but do not recommend passive modalities by a therapist. Physical Medicine Guidelines specifically allow for fading of treatment frequency plus active self-directed home Physical Medicine but do not specify or recognize treatment frequency for shoulder impingement. ODG state a six visit clinical trial should be assessed prior to continuing with physical therapy but as noted above no such trial was initiated. Based on MTUS and ODG recommendations the request for twelve physical therapy visits to the left shoulder are not medically necessary and appropriate.

1 diagnostic ultrasound study of the left 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: Chart review does not reveal any imaging completed of the left shoulder. The injured worker suffers from left shoulder impingement that is consistent with the physical findings revealed in the records evaluation. MTUS notes that "relying only on imaging studies to evaluate the source of shoulder symptoms carries a significant risk of diagnostic confusion" due to the possibility of a pre-existing abnormality. In regards to the request for a diagnostic ultrasound of the left shoulder, MTUS specifically recommends against this. On page 214 in Chapter 9 of Shoulder Complaints, ultrasonography for evaluation of rotator cuff is not recommended. Consequently, the request for diagnostic ultrasound of the left shoulder is not medically necessary and appropriate.