

<b>Case Number:</b>	CM15-0200627		
<b>Date Assigned:</b>	11/06/2015	<b>Date of Injury:</b>	05/14/2012
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	10/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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 63 year old male, who sustained an industrial injury on 5-14-2012. The injured worker was diagnosed as having other affections of shoulder region, not elsewhere classified and carpal tunnel syndrome. Treatment to date has included x-rays and steroid injections of both shoulders and medications. On 9-10-2015, the injured worker complains of persistent shoulder pain, reporting a steroid injection the previous day. His pain was in both shoulders and worse with raising above his head, pushing and pulling. He was unable to lie on either side because of pain and was unable to open a jar. He also noted weakness in both hands and was no longer taking Celebrex due to chest pains. Subjective complaints were unchanged from 6-09-2015. Exam of the left shoulder noted adduction to 30, abduction to 65, flexion to 65, extension to 30, internal rotation to 45 and external rotation to 75 (unchanged from 6-09-2015). X-rays were documented as "previously noted" and not submitted. His work status was permanent and stationary and he was "permanently disabled at this point". On 10-12-2015 Utilization Review non-certified a request for magnetic resonance imaging of the bilateral shoulders and modified a request for physical therapy (2-3 x3-4) to physical therapy x2.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2-3 times weekly for 3-4 weeks left shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical therapy guidelines.

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

**Decision rationale:** The patient presents with persistent, intermittent bilateral shoulder pain with decreased range of motion. The current request is for physical therapy 2-3 times weekly for 3-4 weeks for the left shoulder. The UR dated 10/12/15 modified the decision to 2 sessions of physical therapy for the left shoulder. The treating physician states on 11/2/15 (18B) the patient has "completed 2-3 visits of formal physical therapy, he states he received benefit and would like to continue. He just started his home exercise program." The physician requests formal physical therapy 2 times a week for 5 weeks for left shoulder subacromial impingement, adhesive capsulitis and RC strain. MTUS guidelines indicate that Physical Therapy is recommended: Physical Medicine guidelines state "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. For myalgia and neuritis type conditions, MTUS Guidelines recommend 8-10 sessions of physical therapy." In this case, the treating physician states the patient has completed 2-3 sessions of physical therapy. The request for physical therapy 2-3 times weekly for 3-4 weeks exceeds the MTUS recommendation of 8-10 sessions of PT. The current request is not medically necessary.

**MRI left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation <http://www.odg-twc.com/odgtwc/shoulder.htm#Magneticresonanceimaging>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder Chapter, MRIs (magnetic resonance imaging).

**Decision rationale:** The patient presents with persistent, intermittent bilateral shoulder pain with decreased range of motion. The current request is for MRI for the left shoulder. Rationale for the request was not provided for review. The clinical records provided did not provide evidence of any prior MRI of the left shoulder. MTUS guidelines do not address MRI. ODG guidelines state that for acute shoulder trauma an MRI is warranted for patients that are suspect for rotator cuff tear/impingement, over age 40 and normal plain radiographs. The treating physician has not documented a request for an MRI, the patient does not appear to have received x-ray of the left shoulder and there are no red flags present to warrant an MRI of the left shoulder. The current request is not medically necessary.