

<b>Case Number:</b>	CM15-0207389		
<b>Date Assigned:</b>	10/30/2015	<b>Date of Injury:</b>	12/01/2007
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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: North Carolina  
 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 41 year old female, who sustained an industrial injury on 12-1-07. The injured worker was diagnosed as having status post right long finger trigger release and right shoulder arthroscopy, debridement and acromioplasty with ongoing upper extremity swelling and possible biceps instability. Subjective findings (7-27-15 and 8-19-15) indicated pain in the right shoulder and right hand. The injured worker reported intermittent popping in her right shoulder and burning through the area of the deltoid. Objective findings (7-27-15 and 8-19-15) revealed good short arc range of motion in the shoulder and intact sensation to light touch. She is having difficulty with full extension of the finger. As of the PR2 dated 9-2-15, the injured worker reported worsening swelling and pain and recent bruising along the lateral aspect of the upper arm. The injured worker underwent a right long finger trigger release and right shoulder acromioplasty with debridement on 7-16-15. Objective findings include "good" right shoulder range of motion and well-healed incision. There is tenderness near the anterior acromion and light-yellowish bruising near the anterior lateral aspect of the deltoid insertion. Treatment to date has included a biceps injection on 4-3-15 and hand therapy x 8 sessions. The Utilization Review dated 9-25-15, non-certified the request for dynamic ultrasound of the right biceps tendon and continued occupational therapy (right long trigger finger, right shoulder).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dynamic ultrasound of the right biceps tendon:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to the ACOEM Practice Guidelines, the primary criteria for ordering imaging studies include an emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems); physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon); failure to progress in a strengthening program intended to avoid surgery; and clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). The patient has no physiologic evidence of new tissue or neurologic insult and no red flags on documented exam. There is no surgery planned. Therefore the request is not medically necessary.

**Continued occupational therapy (right long trigger finger, right shoulder):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to the Chronic Pain Medical Treatment, Physical Medicine Guidelines you should 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 myositis, unspecified, there should be 9-10 visits over 8 weeks. For neuralgia, neuritis, and radiculitis, unspecified, it is 8-10 visits over 4 weeks. And for reflex sympathetic dystrophy (CRPS), it is 24 visits over 16 weeks. The requested amount of physical therapy is in excess of California chronic pain medical treatment guidelines. The patient has already completed a course of physical therapy. There is no objective explanation why the patient would need excess physical therapy and not be transitioned to active self-directed physical medicine. The request is not medically necessary.