

Case Number:	CM15-0223114		
Date Assigned:	11/19/2015	Date of Injury:	12/04/2013
Decision Date:	12/30/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	11/12/2015

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: New Jersey

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 58 year old female, who sustained an industrial injury on 12-4-13. She reported pain in the left shoulder and left elbow. The injured worker was diagnosed as having left shoulder impingement syndrome and left shoulder osteoarthritis. Treatment to date has included a left lateral epicondyle steroid injection, physical therapy, a home exerciser program, 3 Cortisone injections to the left elbow, and left shoulder arthroscopy with limited glenohumeral debridement, subacromial decompression, and bursectomy, biceps tenodesis, and rotator cuff repair on 2-25-15. A physical therapy progress report dated 8-3-15 noted "visits: 22 pending and visits remaining: 12." On 8-21-15 the treating physician noted "with regard to the effect of her pain on her ability to perform her activities of daily living, self-care activities are uncomfortable and are done slowly." Physical exam findings on 8-21-15 included tenderness to palpation over the anterior capsule of the left shoulder. Weakness with flexion and abduction was noted over the left shoulder. Impingement was positive on the left. On 10-23-15, the injured worker complained of left shoulder pain with radiation to the forearm. The treating physician requested authorization for a MRI of the left shoulder, physical therapy for the left shoulder 3x6, and Relafen 50mg. On 10-27-15 the requests were 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 (magnetic resonance imaging), left shoulder: Upheld

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

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

Decision rationale: The MTUS Guidelines state that special testing such as MRIs for most patients with shoulder problems are not needed unless a four to six-week period of conservative care and observation fails to improve symptoms and are not recommended earlier than this unless red flags are noted on history or examination that raise suspicion of a serious shoulder condition. Muscle strains do not warrant special testing. Even cases of impingement or muscle tears of the shoulder area should be treated conservatively first, and only when considering surgery would testing such as MRI be helpful or warranted. After the initial course of conservative treatment over the 4-6 week period after the injury, MRI may be considered to help clarify the diagnosis in order to change the plan for reconditioning. The criteria for MRI of the shoulder include; 1. Emergence of a red flag (intra-abdominal or cardiac problems presenting as shoulder problems), 2. physiologic evidence of tissue insult or neurovascular dysfunction such as cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis, or Raynaud's phenomenon, 3. failure to progress in a strengthening program intended to avoid surgery, and 4. Clarification of the anatomy prior to an invasive procedure such as in the case of a full thickness tear not responding to conservative treatment. In this case, the worker reported severe left shoulder pain continuing after surgery, however, recent physical findings were not impressive without instability, positive provocative testing or other findings to warrant repeat MRI. Therefore, this request is not medically necessary as it is unlikely to lead to a significant change in treatment options.

Physical therapy, left shoulder, 3 times weekly for 6 weeks, 18 sessions: 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: Physical therapy guidelines.

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

Decision rationale: Physical therapy in the form of passive therapy for the shoulder is recommended by the MTUS Guidelines as an option for chronic pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for myositis-type pain. Following shoulder arthroscopy, up to 24 physical therapy sessions over 14 weeks. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, at least 12 sessions of physical therapy was completed after left shoulder arthroscopy/repair (2/25/15). The provider requested an additional 18 sessions on 10/9/15, which was nearly 8 months after the procedure. Although more than 14 weeks has passed since the procedure, additional physical therapy as it relates to the arthroscopy even if approved would need to be 12 sessions or less, if only 12 had been completed. Also, regardless, the worker should be capable of performing home exercises for the shoulder at this point, and no evidence provided suggested the worker was not able to complete these regularly. Therefore, this request for 18 sessions of physical therapy for the left shoulder is not medically necessary.

Relafen 50 mg Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, and those at risk for gastrointestinal bleeding. It is not clear in the case of this worker why Relafen 50 mg #1 was requested. Notes revealed "Relafen 500 mg, one PO BID" at the time of this request and a prescription was given to the worker for this. Although a short course of Relafen may be indicated for an acute flare-up of pain, this request does not appear to be correct and the number of pills is not likely to be helpful. Therefore, this request as written is not medically necessary.