

Case Number:	CM15-0224201		
Date Assigned:	11/20/2015	Date of Injury:	07/23/2015
Decision Date:	12/30/2015	UR Denial Date:	11/06/2015
Priority:	Standard	Application Received:	11/16/2015

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 19 year old female, who sustained an industrial injury on 7-23-15. The injured worker was diagnosed as having bicipital tendinitis right shoulder; unspecified sprain of left shoulder joint; impingement syndrome left shoulder. Treatment to date has included physical therapy (x6); medications. Currently, the PR-2 notes dated 10-28-15 indicated the injured worker was in the office for an initial orthopedic evaluation. The injured worker reports she has had physical therapy and pain medications with muscle relaxants for treatment since her injury 7-23-15 with moderate benefit. On this date, she reports constant pain in the left shoulder. She describes her pain as sharp along with weakness and tingling. The provider documents "She rates the pain level at 5-7 out of 10 on a visual analog pain scale of 0-10 with 0 being no pain and 10 being most severe. The pain travels to her left arm and neck and increases with lifting, pulling, pushing, reaching overhead and holding heavy objects." She reports having difficulty with combing her hair, bathing, dressing, washing and drying herself, cooking, opening jars and holding cups and plates and making meals. She also has difficulty with housework. She reports difficulty with riding, driving, getting in or out of the vehicle, turning the steering wheel and adjusting the pedals. She is unable to maintain a restful night of sleep. On physical examination, the provider documents "step-off over the AC joint on the left. There is tenderness of greater tuberosities on the left. There is subacromial grinding and clicking on the left with tenderness of rotator cuff muscles. She has tenderness of the supraspinatus and infraspinatus on the left with positive impingement test." The provider indicates x-rays of the left shoulder were completed on the date of injury. He does not reveal the findings. PR-2 notes dated 7-29-15 indicated the x-rays

of the left shoulder were normal. A PR-2 note dated 8-13-15 indicated symptoms of pain in the left shoulder and physical therapy was recommended three times a week for 2 weeks. PR-2 note dated 10-12-15 indicated the physical therapy resulted in minimal improvement. A Request for Authorization is dated 11-9-15. A Utilization Review letter is dated 11-6-15 and non-certification for MRI of the left shoulder and physical therapy 2x6 for the left shoulder. A request for authorization has been received for MRI of the left shoulder and physical therapy 2x6 for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI 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): Special Studies.

Decision rationale: The ACOEM chapter on shoulder complaints and imaging states: Primary criteria for ordering imaging studies are: 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 Reynaud's phenomenon) Failure to progress in a strengthening program intended to avoid surgery. 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.

Physical Therapy 2x6 for The Left Shoulder: Upheld

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

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

Decision rationale: The Expert Reviewer's decision rationale: Physical Medicine Guidelines Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The goal of physical therapy is graduation to home therapy after a certain amount of recommended sessions. The patient has already completed physical therapy. The request is in excess of these recommendations per the California MTUS. There is no objective reason why the patient would not be moved to home therapy after completing the recommended amount of supervised sessions in the provided clinical documentation. Therefore, the request is not medically necessary.