

Case Number:	CM15-0056331		
Date Assigned:	04/01/2015	Date of Injury:	04/21/2011
Decision Date:	05/06/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/24/2015

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: Texas, 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:

This is a 63 year old female patient sustained an industrial injury on 4/21/11. Diagnoses include impingement syndrome of shoulder. She sustained the injury due to cumulative trauma. Per the doctor's note dated 1/21/2015, she had complaints of right shoulder pain with radiation to the neck down to the arm; low back pain, right knee pain, anxiety and stress. The physical examination revealed decreased range of motion of the right shoulder and cervical spine, tenderness over the right biceps and AC joint; antalgic gait and tenderness over the medial joint line. The medications list includes topical cream. She has had multiple diagnostic studies including x-rays of the right shoulder and cervical spine which revealed degenerative changes and MRIs of right shoulder, head and right knee. Her surgical history includes hysterectomy in 2000 and right inguinal hernia repair in 2005. She has epidural injections, acupuncture and physical therapy for this injury. A request for Additional physical therapy three times a week times four weeks and Ultrasound guided injection for the right shoulder was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy three times a week times four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 98.

Decision rationale: The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. Per the records provided, patient has had unspecified numbers of physical therapy visits for this injury. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Previous physical therapy notes are not specified in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of additional physical therapy three times a week times four weeks is not established for this patient at this time. The request is not medically necessary.

Ultrasound guided injection for the right 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Shoulder (updated 04/03/15) Steroid injections.

Decision rationale: As per the ACOEM guidelines, "Invasive techniques have limited proven value. If pain with elevation significantly limits activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy (i.e., strengthening exercises and nonsteroidal anti-inflammatory drugs) for two to three weeks. The evidence supporting such an approach is not overwhelming." Per the cited guidelines, cortisone injection is given after trial of conservative therapy. In addition, per the ODG, "Steroid injections compared to physical therapy seem to have better initial but worse long-term outcomes. There is limited research to support the routine use of subacromial injections for pathologic processes involving the rotator cuff." Response to previous conservative therapy including physical therapy visits and pharmacotherapy is not specified in the records provided. Previous conservative therapy notes are not specified in the records provided. The medical necessity of Ultrasound guided injection for the right shoulder is not fully established for this patient. The request is not medically necessary.