

Case Number:	CM15-0082455		
Date Assigned:	05/04/2015	Date of Injury:	11/29/2012
Decision Date:	06/04/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/29/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 57 year old female, who sustained an industrial injury on November 29, 2012. She has reported back pain, shoulder pain, and elbow pain. Diagnoses have included shoulder arthralgia, osteoarthritis of the elbow, elbow arthralgia, cervical spine spondylosis, lumbar spine spondylosis, cervical spine degenerative disc disease, lumbar/lumbosacral degenerative disc disease, shoulder impingement/bursitis, elbow medial epicondylitis, cervical spine myofascial sprain/strain, and lumbar spine myofascial sprain/strain. Treatment to date has included medications, ice, heat, home exercise, right sacroiliac joint injection, shoulder injections, imaging studies, and diagnostic testing. A progress note dated March 13, 2015 indicates a chief complaint of returning left shoulder pain, and right elbow pain that is improving. The treating physician documented a plan of care that included shoulder injections and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x6 weeks - left 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 Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines (3) Shoulder (Acute & Chronic) Physical therapy.

Decision rationale: The claimant sustained a work injury in November 2012 and continues to be treated for chronic pain including left shoulder pain. When seen, heard left shoulder pain was returning. She wanted to try physical therapy and another injection. Physical examination findings included left shoulder subacromial and trapezius muscle tenderness. Authorization for physical therapy and a repeat intraarticular shoulder injection with ultrasound guidance was requested. A home exercise program was recommended. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the claimant has already had physical therapy and the number of additional visits requested is in excess of that recommended and therefore not medically necessary. Additionally, compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits and could include use of TheraBands and a home pulley system for strengthening and range of motion. Providing the number of requested additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The request is not medically necessary.

Cortisone Injection with ultrasound guidance for needle placement - left shoulder: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Steroid injections.

Decision rationale: The claimant sustained a work injury in November 2012 and continues to be treated for chronic pain including left shoulder pain. When seen, heard left shoulder pain was returning. She wanted to try physical therapy and another injection. Physical examination findings included left shoulder subacromial and trapezius muscle tenderness. Authorization for physical therapy and a repeat intraarticular shoulder injection with ultrasound guidance was requested. A home exercise program was recommended. A prior injection was performed on December 2014. A steroid injection is recommended as an option which shoulder pain is not controlled adequately by recommended conservative treatments including physical therapy, exercise, and medications after at least 3 months. Criteria include a diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems. In this case, an intraarticular injection is being requested which would be for the treatment of osteoarthritis which is not a qualifying diagnosis. Additionally, when indicated, guidelines recommend up to three injections. In this case the number of previous injections is not documented and therefore, the repeat injection is not considered medically necessary.

