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| Case Number: | CM14-0114309 | | |
| Date Assigned: | 08/01/2014 | Date of Injury: | 06/08/2009 |
| Decision Date: | 09/30/2014 | UR Denial Date: | 07/14/2014 |
| Priority: | Standard | Application Received: | 07/22/2014 |

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

440 pages were provided for review. The items requested were physical therapy for the left shoulder for 12 units, pain management specialist consult, right shoulder injections and MRI of the left shoulder. The item that was approved was the pain management specialist consult. The items that were denied worthy physical therapy for the left shoulder, right shoulder injections and MRI of the left shoulder. Per the records provided, the claimant is a 54-year-old female nurse who injured her shoulder while lifting a 60 pound patient on June 8, 2009. There was prior certification for postoperative physical therapy. Injections to the right shoulder were non certified in November 2013. She has had an approved right shoulder bursa steroid injection. There was a 2010 right shoulder surgery and a 2012 right shoulder repair of a massive rotator cuff tear. There was also a May 16, 2013 left shoulder repair of a massive rotator cuff tear. There was an AME report from September 30, 2013. There was bilateral shoulder and cervical pain with radiculitis. There was tenderness to the cervical spine and the right and left scapula. The diagnosis was cervical radiculitis syndrome and status post right and left shoulder surgeries. She had not yet reached MMI. The treatment in the form of 12 physical therapy sessions to the left shoulder was recommended. Other notes describe her as a 54-year-old female nurse who injured her shoulders on June 8, 2009. She had extensive treatment of both shoulders since, with extensive surgical procedures on May 4, 2010 which was a repair of a massive rotator cuff tear, possibly other procedures and another procedure on October 30, 2012. She had significant periods of physical therapy after the surgeries as well as local steroid injections with no report regarding efficacy of the injections. She had surgery on the left shoulder on May 16, 2013 and again had extensive physical therapy. The patient had a repeat MRI of the left shoulder on June 25, 2013 which showed a persistent large tear or re-tear of the rotator cuff. There was persistent pain. There was no significant information provided to rebut the reasons for the denials in the

reasons given previously and the denial is still pertinent and appropriate, per the prior reviewer. The request for pain management was previously certified and that is unchanged in the other requests are still denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Left Shoulder QTY: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (WEB) - TWC Integrated Treatment / Disability Duration Guidelines, Shoulder (Acute & Chronic); Back to ODG-TWC Index (Updated 04/25/2014).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): Page 98 of 127.

Decision rationale: The MTUS does permit physical therapy in chronic situations, noting that one 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. The conditions mentioned are 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; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: 1. Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient. Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. 2. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self actualization. This request for more skilled, monitored therapy was appropriately non-certified.

Right Shoulder Injections QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)(Web), Shoulder Chapter, Steroid Injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

Decision rationale: The MTUS notes that injections of corticosteroids or local anesthetics or both should be reserved for patients who do not improve with more conservative therapies.

Steroids can weaken tissues and predispose to reinjury. Local anesthetics can mask symptoms and inhibit long-term solutions to the patient's problem or intraarticular administration, including infection and unintended damage to neurovascular structures. This claimant has had repeated injections to the shoulders, with no apparent long term benefit, to the degree that the risks most likely outweigh the benefits. The request was appropriately non-certified.

MRI Left Shoulder QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The MTUS was silent on shoulder MRI. Regarding shoulder MRI, the ODG notes it is indicted for acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs OR for subacute shoulder pain, suspect instability/labral tear. It is not clear what orthopedic signs point to a suspicion of instability or tearing, or if there has been a significant progression of objective signs in the shoulder to support advanced imaging. The request is appropriately non certified.