

<b>Case Number:</b>	CM14-0120842		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	01/24/2012
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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 Family Medicine and is licensed to practice in New Jersey and New York. 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:

The injured worker is a 47 year-old woman who sustained a left shoulder injury and resultant adhesive capsulitis on 1/24/12 after falling and catching herself on a railing at her place of employment. The patient describes the pain as a constant throbbing or achy burning sensation with occasional tingling, radiating to left side of the neck and occasionally radiating to left upper extremity with numbness and tingling of fingers. Patient also experiences headaches from forehead to top of head. Patient had normal strength and sensation of the left shoulder but decreased range of motion. The patient's diagnoses included left shoulder joint pain and left shoulder tenosynovitis. She had 15 sessions of physical therapy which improved her range of motion. Because of persistent pain, she had an MRI would showed possible labral tear. In 6/2012, the patient had an initial arthroscopic rotator cuff repair, with physical therapy afterwards but continued with limited range of motion and pain. An MRI arthrogram showed full thickness defect in the supraspinatus muscle that either failed to heal after the initial surgery or was torn again. In 12/2012, she had injection of left shoulder with steroid and lidocaine with recurrent pain afterwards. In 5/2013, she had another left shoulder arthroscopy with revision of rotator cuff repair and release of adhesions and scarring from previous surgery. She underwent more physical therapy and was considered permanent and stationary in 12/2013. She continued with pain and had a left shoulder x-ray in 7/2014 that was unremarkable. The patient's treatment plan included oral medications like Ketoprofen and Tramadol, Cyclobenzaprine, and Norco, topical Methoderm, two shoulder surgeries, and physical therapy. She was placed on work restrictions with no lifting greater than 10lbs. Currently, a trial of the TENS unit was approved.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-ray left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Page: 214; Table 9-6.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

**Decision rationale:** An x-ray of the left shoulder is considered not medically necessary as per MTUS guidelines. Routine radiographs for shoulder complaints are not recommended. There was no documentation as to what exactly the physician was suspecting that would require an x-ray. And the patient had an x-ray in 7/2014 that was unremarkable. There were no documented changes in history since then so another x-ray is not medically necessary at this time.

**PT (physical therapy) 12 sessions for the left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

**Decision rationale:** The request for 12 sessions of physical therapy for the left shoulder is not medically necessary as stated. According to MTUS, 9-10 sessions over eight weeks are recommended for myalgias and myositis. It is unclear why an excessive amount of sessions are being requested. The patient has had an unspecified amount of physical therapy after her second surgery but there is no documentation of improvement in pain or function.