

Case Number:	CM14-0126806		
Date Assigned:	08/13/2014	Date of Injury:	03/08/2012
Decision Date:	10/17/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/11/2014

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 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:

This is a 57 year old female with a 3/8/2012 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 7/2/14 noted subjective complaints of bilateral shoulder pain. Objective findings included left shoulder FROM, positive impingement signs. Right shoulder decreased ROM and positive impingement signs. It is noted that the patient wants to avoid any operative management. It is noted that physical therapy to the right shoulder has helped her significantly. MRI right shoulder 8/27/12 showed full-thickness supraspinatus tear with tendonitis and bursitis. Diagnostic Impression: rotator cuff tear, tendonitis, bursitis, bilateral shoulder sprain Treatment to Date: physical therapy, medication management A UR decision dated 7/15/14 denied the request for MRI of bilateral shoulders. The claimant has had an MRI of the right shoulder showing a full-thickness rotator cuff tear. The pathology and diagnosis are clear. An MRI would not add to the diagnosis or treatment plan. Regarding the left shoulder, the claimant has full ROM. There are no red flag signs suggestive of a possible surgical lesion. It also denied aquatic therapy 2x8 to bilateral shoulders. There was no documentation this claimant was unable to tolerate land based therapy. It also denied DME cold therapy unit. ODG only allows 7 days rental for postoperative purposes. The claimant did not have recent surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast of bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Criteria for ordering imaging studies

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder chapter, MRI

Decision rationale: CA MTUS criteria for imaging include emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; or clarification of the anatomy prior to an invasive procedure. In addition, ODG criteria for shoulder MRI include normal plain radiographs, shoulder pain, and suspected pathology likely to be demonstrated on MRI. However, with regards to the right shoulder, patient already has had a previous MRI demonstrating a rotator cuff tear. She has also been noted to have markedly improved with physical therapy. With regards to the left shoulder, she has FROM on examination. There is no note of failure of conservative management such as physical therapy directed to the left shoulder. Additionally, it is noted that the patient wants to avoid operative management, so this is certainly not a preoperative imaging request. Therefore, the request for MRI without contrast of bilateral shoulders was not medically necessary.

Aquatic therapy 2X8 to bilateral shoulders: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aquatic therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AQUATIC THERAPY Page(s): 22.

Decision rationale: CA MTUS states that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy when reduced weight bearing is indicated, such as with extreme obesity. However, there is no documentation that the patient would have difficulty with land-based therapy. There is no documentation of extreme obesity. Therefore, the request for aquatic therapy 2x8 to bilateral shoulders was not medically necessary.

DME Cold Therapy Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)Continuous flow-cryotherapy

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

Decision rationale: CA MTUS does not specifically address this issue. ODG states that continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical

treatment. Postoperative use generally may be up to 7 days, including home use. However, the patient is not a post-op patient. In fact, it is noted that she wants to avoid any non-operative management. Therefore, the request for DME cold therapy unit was not medically necessary.