

Case Number:	CM14-0166107		
Date Assigned:	10/13/2014	Date of Injury:	12/26/2002
Decision Date:	11/13/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/08/2014

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 Arizona. 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 53 year old male with a date of injury on 12/26/2002. Subjective complaints are of left shoulder pain that is exacerbated with overhead use of the arm. Physical exam shows tenderness over the anterolateral aspect of the left shoulder, with positive impingement sign and pain with testing of the supraspinatus tendon. Range of motion is decreased and strength is intact. X-rays were negative. The injured worker was previously certified for 6 of the 12 requested visits of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of physical therapy: Upheld

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

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

Decision rationale: The ODG recommends allowance for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home Physical Therapy (PT). The ODG recommends 10 visits over 8 weeks for rotator cuff syndrome. Submitted

records identify that the injured worker was certified for 6 physical therapy sessions. Documentation is not present that indicates specific deficits for which additional formal therapy may be beneficial past the certified sessions. Therefore, the request for 12 physical therapy sessions exceeds guideline recommendations, and the medical necessity is not established.

1 cortisone injection to the left subacromial space: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, 213.

Decision rationale: ACOEM guidelines recommend sub-acromial injections of cortisone over an extended period as part of an exercise and rehabilitation program to treat rotator cuff inflammation. 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 non-steroidal anti-inflammatory drugs) for two to three weeks. For this injured worker, there is no documentation of conservative therapy being attempted prior to proceeding with a shoulder steroid injection. Therefore, the medical necessity for a shoulder steroid injection is not established at this time.

12 view x-ray of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207.

Decision rationale: ACOEM guidelines indicate that routine testing (laboratory tests, plain-film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first month to six weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain. For this injured worker, there were no conservative treatments recently attempted for the shoulder, and no recent trauma and no red flag symptoms were present. Therefore, the medical necessity for shoulder x-rays are not established at this time.