

Case Number:	CM14-0210293		
Date Assigned:	12/23/2014	Date of Injury:	04/27/2010
Decision Date:	02/19/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 patient is a 58-year-old female with a date of injury of 04/27/2010. According to initial orthopedic evaluation dated 10/16/2014, the patient presents with discomfort mainly in the back with laxity at L4-L5. The patient was seen by AME physician in June 2013, who recommended that the patient have pain management and core stabilizing exercises. The patient states that her right shoulder has been bothersome in the last past 6 months. Examination showed cautious gait, which the patient states is due to previous stroke and weakness. She is mildly tender about the lower back. She has full range of motion. Examination of the shoulder revealed she has some favoring of the right shoulder motion and there is right shoulder impingement noted. X-ray of the right shoulder and lumbar spine showed "nothing about the rotator cuff. It does show some early osteophyte formation in the AC joint. Lumbar spine films showed low-grade spondylolisthesis at L4-L5." Progress report dated 10/05/2014 notes the patient has residual right shoulder pain mainly posterior. Examination of the shoulder revealed tenderness. Treatment plan is for patient to participate in physical therapy. The listed diagnoses are: 1. Right shoulder pain and impingement. 2. Low back pain and L4-L5 listhesis. 3. Reported left-sided weakness secondary to 2010 cerebrovascular accident. The patient was instructed to return in 3 weeks and to start physical therapy to see if she can rehab her back and shoulder. Current request is for physical therapy twice a week for 6 weeks for the right shoulder and MRI of the right shoulder. Utilization review denied the request on 10/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy twice a week for six weeks for the right 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 Page(s): 98-99.

Decision rationale: This patient presents with right shoulder and low back pain. The current request is for physical therapy twice a week for 6 weeks for the right shoulder. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia and myositis-type symptoms, 9 to 10 visits over 8 weeks. The utilization review denied the request stating that there are no examination findings indicating a possible internal derangement of the shoulder and no indicated functional deficits. The patient has a date of injury dating back to April 2010. It is likely the patient has participated in some physical therapy sessions in the past. The medical file provided for my review do not provide number of completed therapy visits to date and the objective response from these sessions. In this case, the request is for 12 physical therapy sessions which exceeds what is recommended by MTUS. The requested physical therapy times twelve is not medically necessary.

MRI of the right 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder chapter, MRI.

Decision rationale: This patient presents with continued low back and right shoulder pain. The current request is for MRI of the right shoulder. The utilization review denied the request for MRI stating that there is no indication of possible internal derangement and no functional deficits to warrant an MRI. ACOEM Guidelines has the following regarding shoulder MRI on pages 207 and 208, "Routine testing (laboratory test, plain-film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first 6 weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of serious shoulder condition or referred pain." The ODG Guidelines under the shoulder chapter supports MRI of the shoulder if conservative measures have failed and rotator cuff/labral tear are suspected. As documented in progress report dated 10/16/2014, the patient has full range of motion and "some favoring of the right shoulder motion and right shoulder impingement is irritating." X-rays performed on that date revealed "nothing about the rotator cuff." Progress report dated 11/05/2014 noted the patient has tenderness in the right shoulder. In this case, the treating physician has not provided any discussion or concerns regarding rotator

cuff/labral tear to warrant further investigation with an MRI. The requested MRI of the right shoulder is not medically necessary.