

<b>Case Number:</b>	CM14-0210591		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	12/02/2010
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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: Internal Medicine

### 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 an injured worker with a history of rotator cuff tear. Date of injury was December 2, 2010. The operative report dated June 20, 2014 documented the performance of right shoulder arthroscopic repair, subacromial decompression, distal clavicle excision, and labral excision. The orthopedic progress report dated October 6, 2014 documented that the patient states she has had right shoulder pain since 2010. She suffered a fall that day and has right shoulder pain since. She has continued to work full duty, but has pain with any use of the right arm. She felt unstable in the right arm and could not lift it even to shoulder height. She had an MRI magnetic resonance imaging in 2012 that revealed a tear in the rotator cuff. Medications included Norco. She had ten more additional physical therapy is approved she currently achieved 7 of the ten. The patient participates in a home exercise program. Today she currently complains of moderate aching pain in the right shoulder that is worse with movement since surgery. X-rays of the right shoulder reveal distal clavicle excision, with no fracture. X-rays of the right shoulder reveal moderate acromioclavicular joint narrowing. Joint spaces are preserved. There is no evidence of prior fracture. MRI magnetic resonance imaging dated 2012 demonstrated rotator cuff tear supraspinatus, infraspinatus, acromioclavicular joint degeneration. The orthopedic progress report dated October 6, 2014 documented that the right shoulder had normal motion, strength, inspection, with no instability. Treatment plan was documented. The physician requested for 10 more sessions of PT physical therapy. The medications Feldene, Vicodin, and Ibuprofen were prescribed.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Additional physical therapy for the right shoulder, QTY: 10: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses post-operative physical therapy (PT) physical medicine. The Postsurgical Treatment Guidelines state that for rotator cuff syndrome, 24 visits of postsurgical physical therapy are recommended. The orthopedic progress report dated October 6, 2014 documented that the right shoulder had normal motion, strength, inspection, with no instability. Because the 10/6/14 orthopedic progress report documented a normal right shoulder physical examination, the request for additional physical therapy for the right shoulder is not supported. Therefore, the request for additional physical therapy for the right shoulder, QTY: 10 is not medically necessary.

### **MRI of the right shoulder: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209, 212-214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic), Magnetic resonance imaging (MRI).

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses shoulder MRI magnetic resonance imaging. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 9 Shoulder Complaints state that relying only on imaging studies to evaluate the source of shoulder symptoms carries a significant risk of diagnostic confusion (false-positive test results). MRI is recommended for preoperative evaluation of rotator cuff tears. Routine MRI without surgical indications is not recommended. Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) state that there were high rates of inappropriate examinations for shoulder MRIs in patients with no histories of trauma and documented osteoarthritis on plain-film radiography. The orthopedic progress report dated October 6, 2014 documented that the right shoulder had normal motion, strength, inspection, with no instability. X-rays of the right shoulder revealed distal clavicle excision, with no fracture. X-rays of the right shoulder reveal moderate acromioclavicular joint narrowing. Joint spaces are preserved. There is no evidence of prior fracture. MRI magnetic resonance imaging dated 2012 demonstrated rotator cuff tear supraspinatus, infraspinatus, acromioclavicular joint degeneration. The 10/6/14 orthopedic progress report does not document acute trauma or provide

evidence of significant new pathology. The request for right shoulder MRI is not supported by MTUS guidelines. Therefore, the request for MRI of the right shoulder is not medically necessary.