

<b>Case Number:</b>	CM15-0010476		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	03/12/2013
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/19/2015

### 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 & Rehabilitation

### 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 45 year old female, who sustained an industrial injury on 03/12/2013. The diagnoses have included cervical myofasciitis and left shoulder arthrofibrosis. Treatments to date have included physical therapy and medications. Diagnostics to date have included a shoulder MRI which showed a partial thickness rotator cuff tear and labral tear in which the injured worker underwent a left shoulder arthroscopy. In a progress note dated 12/05/2014, the injured worker presented with complaints of left shoulder, neck, and hand pain. The treating physician reported they are awaiting authorization for steroid injection and further physical therapy so the injured worker can get back to normal and back to work. Utilization Review determination on 12/17/2014 non-certified the request for Physical therapy 3 times a week, left shoulder, Steroid Injection for SCMM (sternocleidomastoid muscle), left shoulder x 3, and Steroid Injection for N-syndrome, left shoulder x 3 citing Medical Treatment Utilization Schedule and Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy x 12 to left shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**Decision rationale:** This patient presents with left shoulder, neck, and hand pain. The patient is status post left shoulder arthroscopy and decompression from 11/14/2013. The treater is requesting PHYSICAL THERAPY X12 TO THE LEFT SHOULDER. The RFA was not made available for review. The patient's date of injury is from 03/12/2013 and her current work status is modified duty. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia-type symptoms. The records do not show any physical therapy reports. The QME report from 09/30/2014 notes that the patient received physical therapy on 04/17/2014. The patient continues to complain of neck pain despite physical therapy. The QME further notes on 05/28/2014 that the patient has completed physical therapy for the neck and shoulder. She still has difficulty using the arm and neck with difficulty looking to the sides. None of the reports document how many visits the patient has received thus far. The MTUS Guidelines page 8 on chronic pain requires satisfactory response to treatment including increased levels of function, decreased pain, or improved quality of life. In this case, the patient has received an unknown number of physical therapy visits recently with no reports of benefit. Given the lack of functional improvement while utilizing this modality, the requested 12 sessions is not warranted and in excess of the MTUS guidelines. The request IS NOT medically necessary.

**Steroid injection for SCMM to left shoulder x 3: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Steroid Injections

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back chapter under Corticosteroids

**Decision rationale:** This patient presents with left shoulder, neck, and hand pain. The treater is requesting STEROID INJECTION FOR SCMM TO LEFT SHOULDER X3. The RFA was not made available for review. The patient's date of injury is from 03/12/2013 and her current work status is modified duty. The ODG Guidelines under the Low Back chapter under Corticosteroids states, Recommended in limited circumstances as noted below for acute radicular pain, and patients should be aware that research provides limited evidence of effect with this medication. Not recommended for acute non-radicular pain or chronic pain. The records do not show any previous steroid injection to the sternocleidomastoid muscle to the left shoulder. The treater does not discuss why a sternocleidomastoid muscle injection is needed for this patient. The patient has utilized physical therapy surgery, exercise, medication. In this case, the guidelines do not support steroid injections for chronic pain. The request IS NOT medically necessary.

**Steroid injection for N-syndrome to left shoulder x 3: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Steroid Injections

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213. Decision based on Non-MTUS Citation shoulder chapter, steroid injections

**Decision rationale:** This patient presents with left shoulder, neck, and hand pain. The patient is status post left arthroscopy and decompression from 11/14/2013. The treater is REQUESTING STEROID INJECTION FOR N-SYNDROME TO LEFT SHOULDER X3. The RFA was not made available for review. The patient's date of injury is from 03/12/2013 and her current work status is modified duty. The ACOEM guidelines page 213 states, two or three subacromial injections of local anesthetic and cortisone preparation over an extended period as a part of an exercise rehabilitation program to treat rotator cuff inflammation, impingement syndrome, or small tears. Diagnostic lidocaine injection to distinguish pain sources in the shoulder area (e.g., impingement). ODG's criteria for steroid injection includes a diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems; not controlled adequately by recommended conservative treatments; pain interferes with functional activities, etc. The records do not show any previous steroid injection to the left shoulder. The patient has a diagnosis of impingement syndrome to the left shoulder. The 09/30/2014 QME report show tenderness over the supraspinatus subacromial margin, left AC joint, posterior scapular border, and trapezius. Positive impingement sign bilaterally. The patient has utilized physical therapy surgery, exercise, medication. In this case, the guidelines support steroid injection and the request IS medically necessary.