

Case Number:	CM15-0112044		
Date Assigned:	06/18/2015	Date of Injury:	06/03/2002
Decision Date:	07/17/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/10/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 57 year old male, who sustained an industrial injury on 6/03/2002. He reported cumulative injuries to bilateral shoulder and the neck. Diagnoses include carpal tunnel syndrome, cervicgia, sprain and strain of the shoulders, and adjustment disorder with mixed anxiety and depression. He underwent neck surgery in 2006 and two prior surgeries on the left shoulder. Treatments to date include Naproxen Sodium, Omeprazole, and Norco, and physical therapy for the right wrist and right shoulder. Currently, he complained of right greater than left shoulder pain. The provider documented there was no prior physical therapy treatment specifically treating the right shoulder. On 5/28/15, the physical examination documented tenderness of the right biceps tendon and restricted movement in the right shoulder. The impingement sign was positive on the right side. The treating diagnosis included derangement of joint not otherwise specified, right shoulder. The plan of care included physical therapy sessions three times a week for four weeks to treat the right shoulder and to obtain an MRI for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times per week for 4 weeks to the right shoulder: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in June 2002 and continues to be treated for bilateral shoulder pain. When seen, there was right biceps tenderness and positive shoulder impingement testing. There was decreased range of motion. A trial of physical therapy was recommended. Prior testing had included an MRI of the right shoulder in 2008. The claimant is being treated for chronic pain. There is no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended. The request 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Magnetic resonance imaging (MRI).

Decision rationale: The claimant sustained a work injury in June 2002 and continues to be treated for bilateral shoulder pain. When seen, there was right biceps tenderness and positive shoulder impingement testing. There was decreased range of motion. A trial of physical therapy was recommended. Prior testing had included an MRI of the right shoulder in 2008. Indications for obtaining an MRI of the shoulder include the presence of 'red flags' such as suspicion of cancer or infection or, with subacute shoulder pain, when instability or a labral tear is suspected. In this case, there are no identified 'red flags' and no reported complaints or physical examination findings that suggest instability or labral pathology. Additionally, a repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology, which are not present in this case. The requested shoulder MRI is not medically necessary.