

Case Number:	CM15-0113882		
Date Assigned:	06/22/2015	Date of Injury:	05/23/2008
Decision Date:	07/22/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/12/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 41-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of May 23, 2008. In a Utilization Review reports dated May 11, 2015, the claims administrator failed to approve requests for physical therapy and MRI imaging for the left shoulder. The claims administrator referenced an April 24, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On multiple RFA forms dated April 24, 2015, shoulder MRI imaging, an orthopedic consultation, and six sessions of physical therapy were endorsed. In an associated Doctor's First Report (DFR) dated April 24, 2015, the applicant reported ongoing complaints of left shoulder pain status post earlier shoulder surgery several years prior. Limited and painful range of motion about the shoulder was noted with positive provocative testing. The applicant exhibited a visible scar about the injured left shoulder. Shoulder MRI imaging, physical therapy, and a rather proscriptive 10-pound lifting limitation were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x week x 3 weeks left shoulder (6 visits): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Table 9-6. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic) Physical Therapy Guidelines.

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

Decision rationale: Yes, the request for six sessions of physical therapy for the shoulder was medically necessary, medically appropriate, and indicated here. The six-session course of physical therapy at issue is consonant with the 9-to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnosis reportedly present here. The applicant apparently presented on April 24, 2015 reporting a recent flare in symptoms. The applicant exhibited visibly limited and painful shoulder range of motion on or around the date in question. It did not appear that the applicant had any recent history of treatment involving the shoulder. It did not appear that the applicant had had any treatment for the flare in shoulder pain reported on or around the date of the request, April 24, 2015. Moving forward with the six-session course of physical therapy at issue, thus, was indicated. Therefore, the request was medically necessary.

MRI without contrast, left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Table 9-6. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter: Shoulder (Acute & Chronic), Magnetic resonance imaging (MRI).

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

Decision rationale: Conversely, the request for MRI imaging of the left shoulder without contrast was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 213, the routine usage of shoulder MRI imaging or arthroscopy for evaluation purposes without surgical indications is deemed "not recommended." Here, there was no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention involving the shoulder based on the outcome of the study in question, per the April 24, 2015 progress note. The request in question was initiated on the requesting provider's first office visit with the applicant. The request was initiated before the applicant had undergone the six sessions of physical therapy, which was/is also the subject of dispute. MRI imaging was, thus, premature. Therefore, the request was not medically necessary.