MAXIMUS Federal Services

| Case Number: | CM15-0116971 | | |
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| Date Assigned: | 06/25/2015 | Date of Injury: | 06/16/2003 |
| Decision Date: | 07/24/2015 | UR Denial Date: | 06/01/2015 |
| Priority: | Standard | Application Received: | 06/17/2015 |

## 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, Indiana, New York
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 injured worker is a 63-year-old male, who sustained an industrial injury on 6/16/2003, resulting in right shoulder pain. The injured worker was diagnosed as having chronic flare-ups of post-surgical right shoulder. Treatment to date has included diagnostics, right shoulder surgery in 9/2003 and 1/2005, physical therapy (prior in 12/2014-1/2015-restart 5/19/2015), medications, and injections (cortisone and anti-inflammatory). Currently (5/18/2015), the injured worker reported doing very well at this point and had no pain. He stated again that his Toradol injection and therapy "was the trick". He reported that he did need to take anti-inflammatory frequently (not specified). It was also documented on this date that he called his adjustor with flare of right shoulder and would benefit from Toradol, therapy, and steroid injection. Physical exam noted pain 6/10 and full range of motion, noting pain with external rotation. A prior note (2/17/2015) noted him as back to baseline and Toradol and therapy helped. He received another Toradol injection on 5/18/2015. The treatment plan included additional physical therapy (2x3) and steroid injection for the right shoulder. He was currently retired.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 3 weeks, right shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times three weeks to the right shoulder is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured workers working diagnosis is chronic flare-up postsurgical right shoulder. Subjectively, the injured worker states he is doing very well at this point and has no pain. Total injections in the treatment have been "the trick". Objectively, range of motion in the shoulder is weak, deficient and reduced. The injured worker received six physical therapist sessions from December 2014 through January 2015. The guidelines (according to utilization review) recommend 10 physical therapy sessions for a flareup. As a result, an additional #4 physical therapy sessions are clinically indicated. Pending reevaluation with objective functional improvement, additional physical therapy may be clinically indicated at that time. Subjectively, the injured worker is doing well and is not experiencing any pain. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, six prior physical therapy sessions ranging from December 2014 through January 2015, physical therapy two times per week times three weeks to the right shoulder is not medically necessary.

**Retrospective Toradol Injection 60mg (dos 5/18/15):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204,Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Toradol.

**Decision rationale:** Pursuant to the Official Disability Guidelines, retrospective Toradol injection 60 mg date of service May 18, 2015 is not medically necessary. Toradol is recommended for short-term (up to five days) and management of moderately severe acute pain that requires analgesia at the opiate level. This medication is not indicated from minor or chronic painful conditions. The injection is recommended as an option to corticosteroid injections in the shoulder section with up to three injections. Toradol may be used as an alternative to opiate therapy. In this case, the injured worker's working diagnosis is chronic flare-up postsurgical right shoulder. Subjectively, the injured worker states he is doing very well at this point and has no pain. Total injections in the treatment have been "the trick". Objectively, range of motion in the shoulder is weak, deficient and reduced. Toradol is recommended for short-term (up to five days) and management of moderately severe acute pain that requires analgesia at the opiate level. This

medication is not indicated from minor or chronic painful conditions. The injured worker suffers with chronic pain. According to the May 18, 2015 progress note, the injured worker is doing very well and has no pain. There is no clinical indication for Toradol documented the medical record. Consequently, absent clinical documentation with subjective complaints of pain and guideline non-recommendations for chronic pain, retrospective Toradol injection 60 mg date of service May 18, 2015 is not medically necessary.

**Right shoulder steroid injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Steroid injection.

**Decision rationale:** Pursuant to the Official Disability Guidelines, right shoulder steroid injection is not medically necessary. Steroid injections to the shoulder are recommended according to the criteria in the official disability guidelines. A diagnosis of adhesive capsulitis, impingement syndrome or rotator cuff problems, except for posttraumatic impingement of the shoulder; not controlled adequately by recommended conservative treatments (PT, non-steroidal anti-inflammatory), after at least three months; pain interferes with functional activities; generally performed without fluoroscopy or ultrasound guidance; only one injection to start, rather than a series of three; a second injection is not recommended if the first resulted in complete resolution of symptoms or no response; and the number of injections should be limited to three. In the shoulder, conventional anatomical guidance by an experienced clinician is generally adequate. Ultrasound guidance does not improve the efficacy of the steroid injection. In this case, the injured worker's working diagnosis is chronic flare-up postsurgical right shoulder. Subjectively, the injured worker states he is doing very well at this point and has no pain. Total injections in the treatment have been "the trick". Objectively, range of motion in the shoulder is weak, deficient and reduced. The injured worker's last steroid injection dates back to 2006. The guidelines recommend steroid injections when pain is not controlled adequately by recommended conservative treatments (physical therapy). The injured worker has not completed the course of physical therapy, and, as a result, a steroid injection is not clinically indicated. Consequently, absent clinical documentation for the completed course of physical therapy, right shoulder steroid injection is not medically necessary.