

Case Number:	CM15-0125077		
Date Assigned:	07/09/2015	Date of Injury:	04/07/2015
Decision Date:	08/06/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	06/29/2015

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: Family Practice

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 51 year old male who sustained a work related injury April 7, 2015. While pulling a large container door that was restrained by a chain strap underneath, he injured his right biceps, developing pain and swelling. Past history included hypertension. According to a physician's notes dated June 15, 2015, the injured worker presented for a re-check with complaints of pain, right biceps. Examination of the right upper arm revealed mild to moderate tenderness to palpation. There is a defect over the proximal aspect of the right bicep tendon consistent with rupture. There is intermittent pain and dysesthesia in the right shoulder to the right elbow, precipitated by use of the right upper extremity. He also complains of upper back pain as well as right upper extremity pain. Diagnosis is documented as biceps tendon rupture, right shoulder. Treatment plan included prescribed medication and nerve conduction studies. At issue, is a request for authorization for extension of physical therapy and an MRI of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extension Physical therapy for right upper arm for 6 visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment guidelines comment on the use of physical therapy as a treatment modality. These guidelines comment on the number of sessions approved based on the nature of the patient's condition. These are as follows: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercise program. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks. In this case, the patient (on 6/11/2015) was certified for 6 physical therapy sessions. However, there is no documentation in the medical records as to the outcome of these sessions. Given that the total number of sessions would exceed the maximum of 10 visits and the prior approval for 6 sessions of physical therapy, there is insufficient documentation to justify these 6 additional sessions of physical therapy to the right arm. The request is not medically necessary.

MRI right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Tables 9-1 and 9-6 and Algorithm 9-3.

Decision rationale: The MTUS/ACOEM guidelines comment on the evaluation of patients with shoulder complaints. In the evaluation of patients, the clinician should document the presence of any red flag symptoms which may indicate a serious underlying condition (Table 9-1). In this case, there is no evidence for any of the red flag symptoms in the above cited guidelines. Further, these guidelines provide a summary of the recommendations for the evaluation and management of a shoulder complaint (Table 9-3). This table describes the indications for MRI imaging of the shoulder. In patients undergoing a preoperative evaluation, a shoulder MRI is recommended. In this case, there is no evidence that the patient is being considered for surgical treatment. Therefore an MRI of the shoulder is not recommended. Algorithm describes the evaluation of slow-to-recover patients with occupational shoulder complaints. The need for MRI imaging is based on specific physical examination findings. In this case, the medical records describe a normal right shoulder examination; with no evidence of impingement or other specific notable findings. Given the absence of documentation of red flag symptoms, the normal shoulder examination and the absence of evidence of any surgical treatment, there is no medical justification at this time for an MRI of the right shoulder. The request is not medically necessary.