

<b>Case Number:</b>	CM15-0171562		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	04/23/2014
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/31/2015

### 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 60 year old male with an industrial injury dated 04-23-2014. Review of the medical records indicates he is being treated for bilateral shoulder derangement, left shoulder impingement syndrome and status post right shoulder surgery in October 2014. Medical history is documented as heart attack, heart disease and high blood pressure. He presents on 06-24-2015 with complaints of intermittent right shoulder pain described as sharp, achy, spasmodic, shooting and constricting in character. On a scale of 0-10, he rated his pain as 2 while resting and 5 with activities. "His activities of daily living are severely affected due to this pain. He reports that the pain is brought on with lifting and reaching." He also complained of sharp and shooting left shoulder pain rated as 1 out of 10 while resting and 3 with activities. "His activities of daily living are somewhat affected due to pain. He reports that the pain brought on while lifting and reaching." Physical examination documented surgical scars noted on the right shoulder. There was tenderness noted over the deltoid complex. Neer and Hawkins-Kennedy tests were positive on the left. Manual muscle testing revealed 4 out of 5 strength with flexion, extension, abduction, adduction, internal rotation and external rotation. The provider documents "He has been receiving physical therapy since December and has attended more than 30 sessions, which provided him relief and reports improvement in his range of motion." Other documented treatments were cortisone injection into right elbow and right rotator cuff surgery. Work status is documented (07-22-2015) as partially disabled with work restrictions. The provider requested authorization for physical therapy 3 x 4 of the bilateral shoulder, acupuncture 2 x 4 of the bilateral shoulder and MRA of the right shoulder. On 08-14-2015 utilization review deemed the

request for physical therapy 3 x 4 of the bilateral shoulder, acupuncture 2 x 4 of the bilateral shoulder and MRA of the right shoulder not medically necessary.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MRA of the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

**Decision rationale:** Per MTUS Treatment Guidelines, criteria for ordering imaging studies are, red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Clinical report does not demonstrate such criteria and without clear specific evidence to support the diagnostic studies, failed conservative trial, demonstrated limited ADL function, acute flare-up, new injury, progressive clinical deterioration or specific new surgical lesion, the medical necessity for shoulder MRA has not been established. The MRA of the right shoulder is not medically necessary and appropriate.

**Physical therapy 3x4 of the bilateral shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** Review indicates the patient is s/p shoulder surgery in October 2014, one year ago and has completed at least 30+ PT sessions. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered

has not resulted in any functional benefit. The Physical therapy 3x4 of the bilateral shoulder is not medically necessary and appropriate.

**Acupuncture 2x4 of the bilateral shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** It is not clear if the patient has participated in previous acupuncture. Current clinical exam show no specific physical impairments or clear dermatomal/myotomal neurological deficits to support for treatment with acupuncture to the shoulders. The patient had previously been certified physical therapy without documented functional improvement. There are no clear specific documented goals or objective measures to identify for improvement with a functional restoration approach for this injury with ongoing unchanged chronic pain complaints. MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. Submitted reports have not demonstrated the medical indication to support this request or specific conjunctive therapy towards a functional restoration approach for acupuncture visits, beyond guidelines criteria for initial trial. The Acupuncture 2x4 of the bilateral shoulder is not medically necessary and appropriate.