

Case Number:	CM15-0029047		
Date Assigned:	02/23/2015	Date of Injury:	04/01/2014
Decision Date:	04/01/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/17/2015

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
 Certification(s)/Specialty: Emergency 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 60 year old female, who sustained an industrial injury on 04/01/2014. She has reported subsequent neck, right shoulder and wrist pain and was diagnosed with status post right shoulder fracture with hemiarthroplasty. Treatment to date has included oral pain medication and physical and occupational therapy. In a progress note dated 10/09/2014, the injured worker complained of constant right shoulder pain radiating to the upper extremity with associated tingling and numbness that was rated as an 8/10. Objective physical examination findings of the right shoulder were notable for significant reproducible pain to point palpation, limited range of motion, weakness with movement and swelling. Requests for authorization of 12 sessions of physical therapy and an MRI of the right shoulder were made. On 02/03/2015, Utilization Review non-certified requests for 12 sessions of physical therapy of the right shoulder and MRI of the right shoulder, noting that there was no evidence of subjective or objective improvement with previous physical therapy and that there were no red flags to support the need for repeat MRI. MTUS and ACOEM guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2 times a week for 6 weeks (12 sessions): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Physical therapy, Sprained Shoulder; rotator cuff.

Decision rationale: The requested Additional physical therapy 2 times a week for 6 weeks (12 sessions), is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Shoulder Complaints, Summary of Recommendations and Evidence, page 212; and Official Disability Guidelines (ODG), Shoulder, Physical therapy, Sprained Shoulder; rotator cuff; recommend up to 10 physical therapy sessions for this condition and continued therapy with documented objective evidence of derived functional improvement. The injured worker has constant right shoulder pain radiating to the upper extremity with associated tingling and numbness that was rated as an 8/10. Objective physical examination findings of the right shoulder were notable for significant reproducible pain to point palpation, limited range of motion, weakness with movement and swelling. The treating physician did not document objective evidence of derived functional improvement from completed physical therapy sessions. Finally, the completed therapy sessions should have afforded sufficient time for instruction and supervision of a transition to a dynamic home exercise program. The criteria noted above not having been met, Additional physical therapy 2 times a week for 6 weeks (12 sessions) is not medically necessary.

MRI right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The requested MRI right shoulder is not medically necessary. ACOEM Occupational Medicine Practice Guidelines, 2nd Edition (2004), Chapter 9, Shoulder Complaints, Special Studies and Diagnostic and Therapeutic Considerations, page 207-209, recommend an imaging study of the shoulder with documented exam evidence of ligament instability, internal derangement, impingement syndrome or rotator cuff tear, after failed therapy trials. The injured worker has constant right shoulder pain radiating to the upper extremity with associated tingling and numbness that was rated as an 8/10. Objective physical examination findings of the right shoulder were notable for significant reproducible pain to point palpation, limited range of motion, weakness with movement and swelling. The treating physician did not document exam evidence of internal shoulder joint derangement nor an acute clinical change since the date of a previous imaging study. Finally, the completed therapy sessions should have afforded sufficient time for instruction and supervision of a transition to a dynamic home exercise program. The criteria noted above not having been met, MRI right shoulder is not medically necessary.

