

Case Number:	CM15-0038293		
Date Assigned:	03/11/2015	Date of Injury:	04/21/2006
Decision Date:	04/20/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/02/2015

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 66 year old female, who sustained an industrial injury on April 21, 2006. The diagnoses have included cervical neck pain, right shoulder pain, rotator cuff tendinosis and superior labrum anterior and posterior (SLAP) lesion. A progress note dated January 8, 2015 provided the injured worker complains of right shoulder pain radiating to neck and back. Physical exam notes abduction of 130 degrees, flexion 140 degrees and abduction 150 degrees for active range of motion (ROM). Of note is the injured worker has a flat affect, does not make eye contact and looks at the wall when she talks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2xwk x 6wks Right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

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

Decision rationale: This patient presents with right shoulder pain radiating to the right shoulder blade and right side of the neck/mid back. The patient is not post-surgical. The physician is requesting PHYSICAL THERAPY TWO TIMES PER WEEK TIMES SIX WEEKS RIGHT SHOULDER. The RFA was not made available for review. The patient's date of injury is from 02/21/2006 and she is currently on full duty. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The medical records do not show any physical therapy reports. The utilization review dated 02/13/2015 noted that the patient has had 33 physical therapy sessions the last of which was from 2012. The 01/08/2015 progress report shows that the patient continues to complain of ongoing right shoulder pain that radiates to the shoulder blade and right side of her neck/mid back region. Given the patient's persistent symptoms, a short course of physical therapy is appropriate. However, the requested 12 sessions exceeds the MTUS guidelines. The request IS NOT medically necessary.

MRI Right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Magnetic resonance imaging (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation Official disability guidelines Shoulder chapter on MRI.

Decision rationale: This patient presents with right shoulder pain radiating to the right shoulder blade and right side of the neck/mid back. The patient is not post-surgical. The physician is requesting MRI OF THE RIGHT SHOULDER. The RFA was not made available for review. The patient's date of injury is from 02/21/2006 and she is currently on full duty. The ACOEM Guidelines Chapter 9 on Shoulder Complaints page 207 to 208 the primary criteria for ordering imaging studies include: 1. emergence of red flags; 2. physiologic evidence of tissue insult; 3. failure to progress in strengthening program; and 4. clarification of anatomy prior to an invasive procedure. ODG further states that magnetic resonance imaging and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The records do not show any MRI reports. The utilization review dated 02/13/2015 mentions an MRI of the right shoulder performed on 07/25/2011 which revealed a high-grade partial articular surface disruption, a normal signal within the posterior labrum, which is suspicion for a labral disruption and degeneration correlating with the prior surgical history, suspect of post-operative change at the acromioclavicular joint with residual arthrosis and a small amount of fluid and a sub acromial/deltoid bursa compatible with mild bursitis. The 01/08/2015 progress report shows pain with O'Brien's sign/empty can sign in the shoulder. Active range of motion in abduction is 130 and flexion 140, Internal and external rotation strength. 5. due to pain inhibition. There are no reports of new injury or trauma to the right shoulder. In this case the examination does not show any neurological or sensory deficits including new reports of trauma or injury to the right shoulder. The request IS NOT medically necessary.

