

<b>Case Number:</b>	CM15-0071288		
<b>Date Assigned:</b>	04/21/2015	<b>Date of Injury:</b>	03/27/2008
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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, Hawaii  
 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(n) 44 year old female, who sustained an industrial injury on 3/27/08. She reported pain in her right shoulder. The injured worker was diagnosed as having right shoulder status post capsullorrhaphy and post-operative CapsuloTendinous scarring/adhesions. Treatment to date has included an H-wave unit, physical therapy and pain medications. As of the PR2 dated 3/2/15, the injured worker reports persistent weakness and stiffness in her right shoulder. The treating physician noted significant impairment in the right shoulder range of motion. The treating physician requested a right shoulder MRI with contrast and physical therapy once weekly x 12 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 1 x 12 (right shouldter): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 98-99.

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

**Decision rationale:** The patient presents with pain affecting the right shoulder. The current request is for Physical Therapy 1 x 12 (right shoulder). The treating physician states, "Has not been able to have more PT due to W/C not authorizing it." (3A) The MTUS guidelines state, "They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process" and MTUS only allows 8-10 sessions of physical therapy. In the records provided for review for this case, the treating physician has not documented how many prior physical therapy sessions the patient has completed and if the patient had any functional improvement with physical therapy. There is no documentation of any recent surgery, flare-up, new injury or new diagnosis that would require additional physical therapy and there is no discussion as to why the patient is not currently able to transition to a home exercise program. The current request is not medically necessary and the recommendation is for denial.

**MRI of the right shoulder with contrast:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Table 9-6, 214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Procedure Summary Online Version.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder Magnetic resonance imaging (MRI).

**Decision rationale:** The patient presents with pain affecting the right shoulder. The current request is for MRI of the right shoulder with contrast. The treating physician states, "Would like MRI to see if anything is wrong in the shoulder." (3A) The ODG guidelines recommend a shoulder MRI if the patient has, "Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs or Subacute shoulder pain, suspect instability/labral tear." In the records provided for review, it does not appear that this patient has had a shoulder MRI in the past. In this case, the treating physician has documented that the patient's range of motion is limited and that the pain is worsening. The current request is medically necessary and the recommendation is for authorization.