

<b>Case Number:</b>	CM15-0074014		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	06/26/2014
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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, North Carolina  
 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 41 year old female with an industrial injury dated June 26, 2014. The injured worker diagnoses include right and left subacromial impingement syndrome, subacromial bursitis, rotator cuff and biceps tendinitis. She has been treated with radiographic imaging for bilateral shoulders, Magnetic Resonance Imaging (MRI) scan dated 1/29/2015, prescribed medications, physical therapy and periodic follow up visits. According to the progress note dated 3/17/2015, the injured worker reported bilateral shoulder pain. The injured worker rated constant pain 2/10 and occasional pain 10/10 in right lateral arm and shoulder pain with occasional severe sharp shooting and burning pains limiting her mobility. The injured worker rated constant pain 4/10 and occasional pain 10/10 in the left arm and shoulder. Right shoulder exam revealed decrease flexion, positive Neer, Hawkin and Jobe impingement signs. Right shoulder exam also revealed positive speed, O'brien and supraspinatus signs with mild weakness and moderate pain and bicep groove tenderness. Left shoulder exam revealed full range of motion, mildly positive Neer, Hawkin and Jobe impingement signs and mild pain with supraspinatus, O'brien and speed testing. The treating physician prescribed services for physical therapy for the bilateral shoulders, 2x6 and cortisone injections to bilateral shoulders.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for the both shoulders, 2x6, QTY: 12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical therapy guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder/physical therapy.

**Decision rationale:** CA MTUS states that active therapy is based on the philosophy that therapeutic exercise/and or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. The request is for PT of bilateral shoulders. There is no supporting documentation for a new injury to the shoulder. MTUS does recommend 8-10 visits over 8 weeks to treat a problem acutely, however this is a chronic condition that two recent rounds of physical therapy has failed to improve. The ODG allows for fading of treatment frequency (from up to 3 visits/week to 1 (or less)), plus active self-directed home PT in 10 visits over 8 weeks. The request for 12 sessions exceeds the recommended number of visits. There is also limited evidence of measurable objective and functional improvement following PT in 2014 and 2015. It is also unclear if the claimant has tried and failed a home PT program. Therefore, this request is not medically necessary.

**Cortisone injections to both shoulders: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), steroid injections.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder/injections.

**Decision rationale:** CA/MTUS identifies methods of symptom control for patients with shoulder complications. Optional methods for symptom control for impingement syndrome include cortisone injection into the subacromial bursa and global shoulder strengthening. The ODG allows cortisone injections for the diagnosis of adhesive capsulitis, impingement syndrome, rotator cuff problems and symptoms not adequately controlled by conservative treatment after at least 3 months of conservative treatment, pain interferes with functional activities, and intended for short-term control of symptoms to resume conservative management. This claimant has failed conservative management, however the response to the second round of PT in 2015 is not clearly documented. There is also limited evidence to support that pain interferes with functional activity in both shoulders. Examination of the right shoulder is relatively benign and the left shoulder has mild limitation in the range of motion with full strength noted. MRI of the left shoulder showed only tendinosis. The request for cortisone injections to both shoulders is not medically necessary.

