



## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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 physician 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/services.

### DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

### CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is a 45-year-old female injured on 10/31/2012 with mechanism of injury not noted. Last clinical assessment for review is dated 07/11/2013 where the claimant saw [REDACTED] for subjective complaints of head pain, chest pain on the right radiating to the right upper extremity with associated numbness and tingling, right shoulder complaints radiating to the hand, neck pain, low back pain with bilateral right greater than left leg pain, abdominal discomfort, and bilateral hip pain. Objective findings showed the right shoulder to be with restricted range of motion to 113 degrees of flexion and 90 degrees of abduction with positive Apley's testing, tenderness with range of motion, and positive impingement testing. There was pain with supraspinatus resistance. The claimant was also with tenderness to palpation over all levels of the cervical spine with restricted range of motion and muscle guarding. No evaluation of the claimant's chest or abdomen was performed. It noted at that date, no documentation of a formal diagnosis. It did state the claimant was to have an ultrasound of her right breast performed as well as planned for physical therapy to the right shoulder 3 times a week for 4 weeks. It was noted the claimant was to undergo right shoulder surgery on 07/12/2013. Prior utilization review certified a request for an initial 12 sessions of postoperative physical therapy for the shoulder. No postoperative records are available for review at present. There is a request for 12 additional physical therapy sessions for the right shoulder as well as an ultrasound procedure to the right breast.

### IMR DECISION(S) AND RATIONALE(S)

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

**1. Twelve physical therapy sessions including a consultation for the right shoulder is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (May 2009).

The Physician Reviewer based his/her decision on the Postsurgical Treatment Guidelines, Shoulder, Rotator Cuff Syndrome / Impingement Syndrome, which is part of the MTUS.

The Physician Reviewer's decision rationale:

Based on California MTUS Postsurgical rehabilitative Guidelines, continued physical therapy for the right shoulder would not be indicated. The claimant's shoulder procedure took place in 07/2013 with no documentation of operative report. While guidelines would recommend up to 24 sessions over a 14 weeks period of time following arthroscopic shoulder procedure for impingement, there is no documentation of benefit or current physical examination findings after the initial 12 sessions that had been approved. At this stage in clinical course, 5 months from surgical procedure, the need for 12 additional sessions of physical therapy would not be indicated.

**2. One ultrasound of the right breast is not medically necessary and appropriate.**

The Claims Administrator guidelines are unclear based on the utilization review determination.

The Physician Reviewer based his/her decision on the Merck Manual, Ultrasound of the Breast.

The Physician Reviewer's decision rationale:

The need for ultrasound evaluation of the right breast is not supported as there is no documentation of clinical examination findings, or for that matter, subjective complaints that would necessitate further workup in regards to the claimant's right breast. Nowhere in records for review is the treatment, physical examination findings or correlation of the right breast supported from the work injury in question. According to Merck Manual, however, ultrasound of the breast can be used to diagnose breast abnormalities and to stage breast cancer. If mammography detects one or more masses, ultrasonography is used to further evaluate them (eg, to determine whether they are solid or cystic). Ultrasonography is also used to evaluate abnormalities detected by MRI. Ultrasonography can be used before staging to identify abnormal axillary nodes that may require core biopsy. The need for this test would not be supported by the records provided for this review and this request is non-certified.

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[REDACTED]

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