

Case Number:	CM13-0006057		
Date Assigned:	05/02/2014	Date of Injury:	04/15/2006
Decision Date:	07/08/2014	UR Denial Date:	07/03/2013
Priority:	Standard	Application Received:	08/02/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 47 year old female who was injured on 04/15/2006. Mechanism of injury is unknown. Prior treatment history has included physical therapy and chiropractic treatments as well as medications. Progress note dated 06/18/2013 document the patient with complaints of pain in her right shoulder traveling to her right shoulder blade and neck. She has pain in the right elbow, right wrist and right hand. She reports pain to her right fingers and thumb. She has constant pain in her neck traveling to her head as well as constant pain in her lower back. The patient complains of difficulty falling asleep due to pain waking during the night due to pain, reduced daytime alertness due to medication, difficulty with sexual functioning, dizziness, symptoms of depression due to pain. Objective findings on examination of the shoulder show palpation reveals tenderness in the right shoulder. Palpation indicates moderate tenderness at the supraspinatus, bicipital group and upper trapezius on the right. Impingement maneuver, Codman drop arm test, Apprehension test and Apley's scratch test are positive on the right shoulder. Yergason's sign is negative on the right shoulder. Supraspinatus resistance test reveals pain on the right shoulder. Right shoulder range of motion: flexion 167 degrees, extension 39 degrees, abduction 164 degrees, adduction 50 degrees, interior rotation 84 degrees, exterior rotation 77 degrees. Valgus stress testing at the medial collateral, varus testing at the lateral collateral, Tinel's sign test and Mill's test are negative on the right elbow. Cozen's sign test reveals pain on the right elbow. Range of motion of the right elbow: flexion 140 degrees, extension 0 degrees, pronation 80 degrees and supination 80 degrees. Phalen's, Tinel's and Finkelstein's test are negative on the right wrist. Range of motion of the right wrist: dorsiflexion and palmar extension 60 degrees, radial deviation 20 degrees, ulnar deviation 30 degrees, pronation and supination 80 degrees. Examination of the cervical spine reveals reflexes for the biceps are normal bilaterally. Reflexes for the triceps are normal bilaterally. Reflexes for the brachioradialis are diminished on

the right and normal on the left. At levels C4-C5, C5-6, C6-7 and C7-T1 palpation reveals mild paraspinal tenderness and muscle guarding bilaterally, moderate spinal tenderness bilaterally and moderate tenderness at the facet joints bilaterally. Distraction test, Soto-Hall test, Spurling test, foraminal compression test and shoulder depressor test are positive on both sides. Deklyn's (VBI) and Adson's maneuver are negative on both sides. Range of motion of the cervical spine: flexion 39 degrees bilaterally, extension 36 degrees bilaterally, rotation 63 degrees on right and 61 degrees on left, and lateral tilt 34 degrees on right and 32 degrees on left. Examination of the lumbar spine reveals Braggard's test is positive on both sides. Minor's sign and Valsalva are negative on both sides. Milgram's test (IVD) reveals pain on both sides. Kemp's test/facet is positive on the left and negative on the right. Yeoman's test reveals pain on the right and negative on the left. SLR supine test is positive at 70 degrees on the right and negative at 80 degrees on the left. Reflexes for the knees are normal bilaterally. Reflexes for the hamstrings are normal bilaterally. Reflexes for the ankles are normal bilaterally. At levels L4-5, L5-S1 and S1 palpation reveals slight paraspinal muscle guarding bilaterally, slight spinal tenderness and muscle guarding bilaterally and tenderness in the facet joints. Palpation reveals slight tenderness at the S1 on the right. Range of motion of the lumbar spine: flexion 42 degrees on right, extension 17 degrees on right and lateral bending 20 degrees bilaterally. Diagnoses: 1. Thoracic spine strain/sprain 2. Right shoulder impingement 3. Right elbow strain/sprain 4. Lumbar spine IVD syndrome 5. Cervical spine IVD syndrome Treatment Plan: I am requesting authorization for a physical therapy consultation to address increasing functional mobility of the right shoulder/upper extremity and her neck and back, three times a week for 4 weeks. I am requesting authorization for shockwave therapy treatment to address stimulation and healing of the right shoulder/upper extremity, upper back and neck, once a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY THREE (3) TIMES A WEEK FOR FOUR (4) WEEKS: 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: According to the CA MTUS guidelines, Physical Medicine is recommended as it can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. The medical records document the patient was diagnosed with thoracic spine strain/sprain, right shoulder impingement, right elbow strain/sprain. In the absence of documented duration and frequency of prior treatment sessions and in the absence of documented significant improvement of pain and function, the request is not medically necessary according to the guidelines.

SHOCK WAVE THERAPY TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS FOR THE RIGHT SHOULDER, RIGHT UPPER EXTREMITY, NECK AND BACK: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 45.

Decision rationale: According to the CA MTUS guidelines, extracorporeal shock wave therapy is not recommended. According to the ODG, extracorporeal shock wave therapy is recommended for calcifying tendinitis but not for other shoulder disorders. The medical records document the patient was diagnosed with thoracic spine strain/sprain, right shoulder impingement, right elbow strain/sprain. In the absence of documented calcifying tendinitis of the shoulder that had remained despite six months of slandered treatment, and there is no documentation of failure of at least 3 conservative treatment modalities, the request is not medically necessary according to the guidelines.