

<b>Case Number:</b>	CM13-0058071		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/08/2011
<b>Decision Date:</b>	03/25/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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. 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:

This patient is a 63-year-old female with a date of injury of 01/08/2011. The listed diagnoses per [REDACTED] dated 10/04/2013 are: (1) Cervical spine IVD (Intervertebral disk) syndrome, (2) Bilateral shoulder internal derangement, (3) Stress, (4) Right arm pain. According to report dated 10/24/2013 by [REDACTED], patient presents with continued right shoulder and neck pain. The patient states pain is a 9/10 on a pain scale. Pain is described as sharp and constant with shooting pain to bilateral arm and hand. Tingling and numbness was also noted. The patient also complains of stress, anxiety, and insomnia. Under objective complaints, MRI (magnetic resonance imaging) of the right shoulder shows "fray or tear superior, posterior labrum, suspected tear, inferior glenohumeral ligament, partial tear supraspinatus." MRI of left shoulder showed tendinosis, increased to infra- and supraspinatus. Review of MRI of the right shoulder and left shoulder results are handwritten and mostly illegible. Copy of the MRI reports were not provided in the medical file.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physiotherapy cervical spine QTY: 12.00:** 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)

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

**Decision rationale:** The patient presents with complaints of bilateral shoulder and neck pain. The provider is requesting physical therapy for the cervical spine x12. Utilization review dated 11/14/2013 partially certified request from 12 to 6 sessions stating "Patient has had significant treatment to date including PT (physical therapy)." For physical therapy medicine, MTUS recommends 9 to 10 visits over 4 weeks for myalgia, myositis and neuralgia type symptoms. In this case, medical records show no indications of any recent formalized PT. A short course of therapy may be warranted; however, the requested 12 sessions exceeds what is recommended by MTUS guidelines. The recommendation is for denial.

**Extra-corpeal shock wave therapy (ESWT):** 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)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** This patient presents with bilateral and neck pain. The provider is requesting an ESWT (Extra-corpeal shock wave therapy) for the shoulder(s). The MTUS Guidelines and ACOEM Guidelines do not discuss ESWTs; however, the Official Disability Guidelines (ODG) state, "Recommended for calcifying tendinitis, but not for other disorders, for patients with calcifying tendinitis of the shoulder in homogenous deposits, quality evidence have found extracorporeal shockwave therapy equivalent or better than surgery and it may be given priority because of its non-invasiveness." In this case, prior diagnostic imaging does not report any calcium deposits on tendon or any calcific tendinitis. The requested ESWT is not medically necessary and recommendation is for denial.

**Pain management consultation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 107.

**Decision rationale:** This patient presents with bilateral shoulder and neck pain. The provider requests pain management consultation. Utilization review dated 11/14/2013 denied request stating "Pain management consultation is premature and excessive." The ACOEM Practice Guidelines state health practitioners may refer to other specialists if a diagnosis is uncertain or extremely complex. when psychosocial factors are present or when the plan or course of care may benefit from additional expertise." This patient has a date of injury of 01/08/2011 with continuous symptomatology. Given the patient's now chronic pain with failed multiple conservative treatments, a referral for a pain management consultation is reasonable at this juncture. The recommendation is for approval.