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| <b>Case Number:</b>   | CM13-0071075 |                              |            |
| <b>Date Assigned:</b> | 01/08/2014   | <b>Date of Injury:</b>       | 10/16/2013 |
| <b>Decision Date:</b> | 04/21/2014   | <b>UR Denial Date:</b>       | 12/19/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/26/2013 |

### 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 Emergency Medicine, and is licensed to practice in New York and Tennessee. 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 55-year-old female who was injured on October 16, 2013, when she lifted a box weighing 25 pounds. The patient continued to experience neck pain, middle back pain, lower back pain, and headaches. Physical examination was notable for paraspinal muscle spasm and sensory deficits in left C5-T1 and right L5-S1 dermatomes. There were no motor deficits. Diagnoses included left rotator cuff tear, cervical sprain/strain, lumbar sprain/strain, cervical neuritis/radiculitis, and lumbosacral neuritis/s radiculitis. Requests for authorization for physiotherapy visits for the lumbar spine # 6, physiotherapy visits for the left shoulder # 6, physiotherapy visits for the cervical spine # 6, orthopedic consult, and neurology consult were submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physiotherapy 6 trail visits for the lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Physical Therapy Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preface, Physical Medicine Guidelines

**Decision rationale:** Chronic Pain Medical Treatment Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, TENS units, ultrasound, laser treatment, or biofeedback. They can provide short-term relief during the early phases of treatment. Active treatment is associated with better outcomes and can be managed as a home exercise program with supervision. ODG states that physical therapy is more effective in short-term follow up. Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy). In this case this request for 6 visits for physical therapy of the lumbar spine was accompanied by requests for 6 visits physical therapy for the cervical spine and 6 visits physical therapy for the left shoulder, totaling 18 visits. This surpasses the recommended 6 visit trial to determine functional improvement. The request is not authorized.

**Physiotherapy 6 trail visits for the left shoulder:**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Physical Therapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Physical Medicine Guidelines

**Decision rationale:** Chronic Pain Medical Treatment Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, TENS units, ultrasound, laser treatment, or biofeedback. They can provide short-term relief during the early phases of treatment. Active treatment is associated with better outcomes and can be managed as a home exercise program with supervision. ODG states that physical therapy is more effective in short-term follow up. Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy). In this case this request for 6 visits for physical therapy of the left shoulder was accompanied by requests for 6 visits physical therapy for the cervical spine and 6 visits physical therapy for the lumbar spine, totaling 18 visits. This surpasses the recommended 6 visit trial to determine functional improvement. The request is not authorized.

**Orthopedic consult qty 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2ndEdition, 2004, Chapter 7, page 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

**Decision rationale:** For this patient the referral to the orthopedic surgeon was for evaluation of the left upper extremity. Referral for surgical consultation is indicated for patients who have red-flag conditions (e.g., acute rotator cuff tear in a young worker, glenohumeral joint dislocation, etc.), activity limitation for more than four months, plus existence of a surgical lesion, failure to increase ROM and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion, or clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical repair. The patient has none of these conditions. While the patient is diagnosed with left rotator cuff tear, no imaging study has been done to assess the existence of a surgical lesion. Medical necessity has not been established.