

<b>Case Number:</b>	CM14-0004947		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	08/19/2012
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2014

### 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 Pain 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 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 claimant is a 36 year old female with date of injury of 8/19/12. She has been complaining of pain in the the right shoulder, neck and back of head. The pain in the back of head which started after right shoulder surgery (with subacromial decompression, labral debridement and biceps tenotomy on 11/9/12). She complains of diffuse pain, as well as intermittent numbness and tingling in the right arm, hand and fingers. Exam has revealed normal range of motion of the cervical spine. There is tenderness to palpation over the right cervical paraspinal muscles. There is negative Spurling bilaterally. Sensation is diminished in the right C5 to T1 dermatoms of the upper extremities. Reflexes are symmetrical 1+ in B/L UE. Examination of the right shouder range of motion showed: flexion 90, abduction 100, extension 20, external rotation 45 and internal rotation 40 degrees. There was tenderness in the posterior aspect of the right shouder. The Hawkins test was positive. MRI of the C-spine dated 1/28/14 has showed no disc protrusion or spinal stenosis. EMG of the ilateral lower and upper extremities dated 4/8/13 was negative for radiculopathy..

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SPINE SURGERY CONSULTATION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, CHAPTER 8, 180

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004) , 8,

**Decision rationale:** The claimant is noted to have decreased sensation in all bilateral upper extremity dermatoms. Nonetheless, there is no evidence of any muscle weakness / atrophy and the reflexes were symmetrical. The cervical range of motion was noted within the normal range. Furthermore, there is no evidence of any red flag signs or cord compression. Additionally, the MRI of the cervical spine has failed to reveal any pathology such as disc protrusion and the EMG was reported normal. Referral for surgical consultation is indicated when: there is persistent severe disabling symptoms, activity limitation for more than one month or with extreme progression of symptoms, clear clinical, imaging and electrodiagnosotic evidence consistently indicating the same lesion, and unresolved radicular symptoms after receiving conservative treatment. Therefore, the request for spine surgery consultation is not medically necessary and appropriate.

**ADDITIONAL PHYSICAL THERAPY X 10 VISITS FOR THE SHOULDER:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CA MTUS GUIDELINES, ,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , ,

**Decision rationale:** The injury took place on 8/19/12. The patient's right shoulder range of motion remains limited despite extensive physical therapy she received in 2012 and 2013 and it appears that she has reached plateau. Furthermore, the claimant should have been instructed on and transitioned to home exercise program by now (MTUS chronic pain guidelines). Therefore, the request for additional Physical Therapy x 10 visits for the shoulder is not medically necessary and appropriate.