

Case Number:	CM14-0109110		
Date Assigned:	08/01/2014	Date of Injury:	01/24/2014
Decision Date:	10/20/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/14/2014

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 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:

This 48 year-old patient sustained an injury on 1/24/14 while employed by [REDACTED]. Request(s) under consideration include Trial of nonsteroidals and 3x4 Physical therapy for right shoulder. Diagnoses include cervical degenerative disc disease; right upper extremity radiculopathy; and right shoulder impingement with acromioclavicular joint arthrosis. Conservative care has included medications, chiropractic treatment with massage and traction, cervical epidural steroid injection (no benefit), physical therapy, subacromial injection (5/19/14), and modified activities/rest. Review indicated the patient has received at least 24 PT sessions and continues to treat for chronic ongoing neck and right shoulder symptoms with difficulty sleeping. Ortho report of 2/24/14 noted patient with neck and shoulder pain. Exam of cervical spine showed negative Hoffman's, tenderness over paracervical region; no evidence of myelopathy in bilateral upper extremities with symmetric strength; right shoulder with range of flex/abd 170/130 degrees; mild pain with impingement testing; intact sensation and no motor deficits. Diagnosis list radicular cervical neck pain. Recommendations included chiro/PT; no surgery for shoulder and would not recommend any aggressive surgical intervention for cervical spine as symptoms are anticipated to improve. Report of 5/19/14 from the provider indicated the patient was currently not working. The request(s) for Trial of nonsteroidals and 3x4 Physical therapy for right shoulder were non-certified on 6/26/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of nonsteroidals: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22.

Decision rationale: This 48 year-old patient sustained an injury on 1/24/14 while employed by [REDACTED]. Request(s) under consideration include Trial of nonsteroidals and 3x4 Physical therapy for right shoulder. Diagnoses include cervical degenerative disc disease; right upper extremity radiculopathy; and right shoulder impingement with acromioclavicular joint arthrosis. Conservative care has included medications, chiropractic treatment with massage and traction, cervical epidural steroid injection (no benefit), physical therapy, subacromial injection (5/19/14), and modified activities/rest. Review indicated the patient has received at least 24 PT sessions and continues to treat for chronic ongoing neck and right shoulder symptoms with difficulty sleeping. Ortho report of 2/24/14 noted patient with neck and shoulder pain. Exam of cervical spine showed negative Hoffman's, tenderness over paracervical region; no evidence of myelopathy in bilateral upper extremities with symmetric strength; right shoulder with range of flex/abd 170/130 degrees; mild pain with impingement testing; intact sensation and no motor deficits. Diagnosis list radicular cervical neck pain. Recommendations included chiro/PT; no surgery for shoulder and would not recommend any aggressive surgical intervention for cervical spine as symptoms are anticipated to improve. Report of 5/19/14 from the provider indicated the patient was currently not working. The request(s) for Trial of nonsteroidals and 3x4 Physical therapy for right shoulder were non-certified on 6/26/14. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk of hip fractures. Available reports submitted have not adequately addressed the indication for an unspecified NSAID for this injury nor have they demonstrated any functional efficacy derived from treatment already rendered. The Trial of nonsteroidals (non-specified) is not medically necessary and appropriate.

3x4 Physical therapy for right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: This 48 year-old patient sustained an injury on 1/24/14 while employed by [REDACTED]. Request(s) under consideration include Trial of nonsteroidals and 3x4 Physical therapy for right shoulder. Diagnoses include cervical degenerative disc disease; right upper extremity radiculopathy; and right shoulder impingement

with acromioclavicular joint arthrosis. Conservative care has included medications, chiropractic treatment with massage and traction, cervical epidural steroid injection (no benefit), physical therapy, subacromial injection (5/19/14), and modified activities/rest. Review indicated the patient has received at least 24 PT sessions and continues to treat for chronic ongoing neck and right shoulder symptoms with difficulty sleeping. Ortho report of 2/24/14 noted patient with neck and shoulder pain. Exam of cervical spine showed negative Hoffman's, tenderness over paracervical region; no evidence of myelopathy in bilateral upper extremities with symmetric strength; right shoulder with range of flex/abd 170/130 degrees; mild pain with impingement testing; intact sensation and no motor deficits. Diagnosis list radicular cervical neck pain. Recommendations included chiro/PT; no surgery for shoulder and would not recommend any aggressive surgical intervention for cervical spine as symptoms are anticipated to improve. Report of 5/19/14 from the provider indicated the patient was currently not working. The request(s) for Trial of nonsteroidals and 3x4 Physical therapy for right shoulder were non-certified on 6/26/14. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. There is no clear measurable evidence of progress with previous PT including milestones of increased ROM, strength, and functional capacity having received 24 PT sessions. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. Provider's dated report has no documentation of new acute injury or flare-up to support for formal PT as the patient should continue the previously instructed independent home exercise program for this injury. Multiple medical reports have unchanged chronic pain symptoms, unchanged clinical findings with continued treatment plan for PT without demonstrated functional benefit. Without documentation of current deficient baseline with clearly defined goals to be reached, medical indication and necessity for additional formal PT has not been established. The 3x4 Physical therapy for right shoulder is not medically necessary and appropriate.