

<b>Case Number:</b>	CM14-0018767		
<b>Date Assigned:</b>	04/18/2014	<b>Date of Injury:</b>	06/19/2013
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2014

### 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 Emergency Medicine, and is licensed to practice in New York. 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 34-year-old female who was injured on June 19, 2013. The patient continued to experience pain in her neck and left arm. Physical examination was notable for tenderness in the cervical and thoracic paraspinal region and localized tenderness to bilateral shoulders. There is no documented motor or sensory deficit. Diagnoses included cervical spin discogenic pain with radiculopathy, bilateral shoulder impingement syndrome, bilateral carpal tunnel syndrome, and bilateral upper extremity overuse syndrome. Treatment included acupuncture chiropractic therapy, physical therapy, home exercise and medications. There was little improvement with physical therapy and acupuncture. Requests for authorization for physical therapy 12 sessions for cervical spine and bilateral shoulders, MRI of the bilateral shoulders, and MRI of the cervical spine were submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 2 TIMES A WEEK FOR 6 WEEKS FOR THE CERVICAL SPINE AND BILATERAL SHOULDERS:** 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), SHOULDER SPRAINS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PAIN INTERVENTIONS AND GUIDELINES Page(s): 98-99.

**Decision rationale:** The 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 (transcutaneous electrical nerve stimulation) 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). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case the patient had received physical therapy with little improvement. Lack of past progress is an indicator that future therapy is unlikely to be effective. The request is for twelve sessions, which surpasses the recommended six-visit clinical trial. The request for physical therapy for the cervical spine and bilateral shoulders, twice weekly for six weeks, is not medically necessary or appropriate.

**MRI OF THE CERVICAL SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MAGNETIC RESONANCE IMAGING.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**Decision rationale:** Criteria for ordering imaging studies of the cervical spine are emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. In this case there is no documentation that the patient is experiencing neurologic dysfunction or that neurologic compromise raises suspicion for infection, fracture, or tumor. Nerve impairment is not indicated by physical examination. Medical necessity has not been established. The request for an MRI of the cervical spine is not medically necessary or appropriate.

**MRI OF THE BILATERAL SHOULDERS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MAGNETIC RESONANCE IMAGING, SHOULDER.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

**Decision rationale:** Primary criteria for ordering imaging studies of the shoulder are emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder

problems), physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon), failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure (e.g., a full-thickness rotator cuff tear not responding to conservative treatment). Cases of impingement syndrome are managed the same regardless of whether radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or AC joint. Suspected acute tears of the rotator cuff in young workers may be surgically repaired acutely to restore function; in older workers, these tears are typically treated conservatively at first. Partial-thickness tears should be treated the same as impingement syndrome regardless of magnetic resonance imaging (MRI) findings. In this case the patient had only complaints of pain in the left upper extremity. There is no indication for imaging of the right upper extremity. There is no medical documentation that surgical intervention is being considered. Medical necessity is not established. The request for an MRI of the bilateral shoulders is not medically necessary or appropriate.