

<b>Case Number:</b>	CM14-0132530		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	12/15/2008
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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 Occupational 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 was injured due to cumulative trauma in 2008 to 2009. An MRI and PT x 8 visits for the right shoulder are under review. He was evaluated on 01/06/14 and reported symptom is in his neck, back, right groin, left shoulder, left wrist, hand, and fingers. His wrists were examined. On 02/03/14, he saw [REDACTED]. He was status post left wrist surgery on 01/24/14. His diagnoses were left wrist strain, rule out left CTS and triangular fibrocartilage tear. He reported pain in his wrist that radiated up his bilateral extremities to his shoulders. His wrists were examined but his shoulders were not. He had a panel qualified medical exam (QME) by [REDACTED] on 02/14/14. He was found to be permanent and stationary on 08/31/10. He was diagnosed with bilateral inguinal hernias and underwent repairs in 2010. He was seen for internal medicine problems including gastrointestinal symptoms. He saw [REDACTED] on 07/07/14 and reported pain in his neck, left wrist and low back and the pain in his neck travels to his arms. He had numbness in his neck and numbness in his legs and swelling in the right foot. He had tenderness about the cervical spine with myospasms and sensory deficits in the left upper extremity with restricted range of motion. He had tenderness of the left wrist and thoracic spine. He had low back tenderness and spasms and limited range of motion with decreased sensation in the right lower extremity. On July 8, 2014, he saw [REDACTED] and reported pain in his neck, shoulders, and low back and the neck pain traveled into his arms right greater than left. The pain in his right arm traveled to his thumb and he had numbness and tingling in his hands. He had pain in his low back to his toes with numbness and tingling and he complained of deep-seated rib and chest pain. He had tenderness with myospasms about the neck and decreased sensation in the bilateral C6 and C7 nerve root distributions with limited range of motion. He had tenderness about the shoulders with impingement and mildly weak supraspinatus. Range of motion was mildly decreased. Lumbar spine had tenderness with myospasm and decreased sensation in the

right L1 and S1 distributions with limited range of motion. He saw [REDACTED] on 07/22/14. He complained of pain in his neck, shoulders, and low back and his neck pain traveled through his arms to his thumbs. He had numbness and tingling in his thumbs. He had pain in the low back traveling to his right leg to his toes with numbness and tingling and deep-seated rib and chest pain. He had tenderness and myospasm about the cervical spine with decreased sensation of bilateral C6 and C7 nerve root distributions and limited range of motion. His shoulders had tenderness and impingement signs. He had weakness of the supraspinatus and limited range of motion with pain. He had tenderness of the low back with myospasm and sensory deficits at right L5 and S1 nerve root distributions in limited range of motion. He had a CT scan of the cervical spine on 06/25/14 that showed a solid interbody fusion at each level. He still had axial neck pain with herniated nucleus pulposus radiculopathy and stenosis. Right C6-7 selective nerve root block was recommended which expired on 03/27/14. Chest and ribs was recommended due to his deep-seated left anterior and posterior rib and chest pain. EMG of the bilateral upper extremities was recommended due to radiculopathy post-surgery. MRIs of the bilateral shoulders were also recommended. He had a surgical scar consistent with left dorsal wrist arthroscopy. Thoracic spine had tenderness and lumbar spine was tender with decreased sensation throughout the right lower extremity. There was myospasm and limited range of motion. He was status post three-level cervical fusion in 2012 from C4-5 through C6-7. He also had MRI evidence of lumbar strain with radicular complaints and herniations at L4-5. He was diagnosed with acute right C6 and C7 radiculopathy. He also had posttraumatic stress, anxiety, and insomnia. MRIs of the bilateral shoulders were requested to rule out internal derangement. On 12/27/13, the right C6-7 selective nerve root block was authorized that he never has the injection. Repeat request for reauthorization was recommended. A psychological consultation was also ordered for his emotional complaints. Sleep study was ordered. He has tried multiple medications. He had an allergic reaction and gastritis. NCV/EMG of the bilateral upper extremities was recommended due to radicular complaints both post-surgery. Physical Therapy was recommended twice a week for 4 weeks to improve his range of motion pain and to strengthen his shoulders. He was placed on restricted work.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MRI Rt Shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ; Work Loss Data Institute,LLC;Corpus Christi, Tx; www.odg.com; Section ;Pain (Chronic) updated 7/10/14).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**Decision rationale:** The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 9 Shoulder Complaints.The Expert Reviewer's decision rationale:The history and documentation do not objectively support the request for an MRI of the right shoulder. The MTUS states "for most patients with shoulder problems, special studies are not needed unless a four- to six-week period of conservative care and observation fails to improve symptoms. Routine testing (laboratory tests, plain-film radiographs of the shoulder) and more

specialized imaging studies are not recommended during the first month to six weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain. 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." In this case, there is no evidence of a trial and failure of a reasonable course of conservative care, including an exercise program, local modalities, and the judicious use of medications targeting the shoulders specifically. No x-rays of the right shoulder have been submitted. The claimant was evaluated for wrist problems and it is not clear when his shoulder symptoms began or whether or not he has attended any rehab visits for his right shoulder. Physical Therapy was recently recommended for his shoulders but the status of that request, including whether or not the claimant attended rehab for his shoulders, his response, and his current status, are unknown. There are no new or progressive focal deficits for which this type of imaging study appears to be indicated. Impingement can be diagnosed clinically and there is no documentation of weakness such that a significant internal derangement appears to be present that may require surgery prior to conservative care. There is no evidence that urgent or emergent surgery is under consideration. The medical necessity of this request has not been clearly demonstrated.

**PT 2x4 RT Shoulder:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ; Work Loss Data Institute,LLC;Corpus Christi, Tx; www.odg.com; Section ;Pain (Chronic) updated 7/10/14)ACOEM-<https://www.acoempracguides.org> Shoulder Disorders Table 2, Summary of recommendations, Shoulder Disorders.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints,Chronic Pain Treatment Guidelines Physical Medicine Treatment Page(s): 130.

**Decision rationale:** The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 9 Shoulder Complaints and on the MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine Treatment, page 130.The Expert Reviewer's decision rationale:The history and documentation support the request for 8 sessions of Physical Therapy for the right shoulder. The MTUS ACOEM guidelines recommend "stretching and specific shoulder exercises for ROM and strengthening." Even if the claimant has had past PT for his right shoulder, he has symptoms and current findings of impingement. There is no evidence that he has been involved in an ongoing rehab program for his shoulder which would be expected following a previous course of treatment. Also, the Chronic Pain Guidelines allow physical medicine treatment and say it may be recommended in some cases of chronic conditions and "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. Physical Medicine Guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8

weeks."In this case, it appears reasonable for the claimant to attend a program of exercise and rehabilitation and he should be instructed in home exercises to maintain any benefit he receives. An MRI is under review and may be needed depending on the results of this program of exercise. This request for a short course of supervised rehab can be recommended as reasonable and appropriate.