

Case Number:	CM14-0162449		
Date Assigned:	10/07/2014	Date of Injury:	08/04/2013
Decision Date:	12/02/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/02/2014

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 Illinois. 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 injured worker is a 57 year old woman housekeeper who slipped and fell backwards on Aug 4, 2013. She had left shoulder surgery for adhesive capsulitis, rotator cuff tear and inferior acromial osteophyte. She also was diagnosed with cervical thoracic myofascial pain. According to the most recent treating provider office visit note from Aug 14, 2014, the worker complains of 7/10 left shoulder pain, 6/10 cervical and thoracic pain, and "burning" pain on the left more than the right thoracic spine. An exam is noted for diffuse tenderness in the left shoulder accompanied by restricted range of motion. According to an office note of July 14, 2014, the worker has diffuse cervical tenderness with full range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x 4 (left shoulder): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: Per the Medical Treatment Utilization Schedule (MTUS), physical therapy is recommended. Passive therapy (those treatment modalities that do not require energy

expenditure on the part of the injured worker) can provide short term relief during the early phases of acute pain treatment or acute exacerbations of chronic pain and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Injured workers 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. Per Medical Treatment Utilization Schedule (MTUS), Physical Therapy Guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks. Reflex Sympathetic Dystrophy: 24 visits over 16 weeks. It is not documented how many sessions of physical therapy the worker has had after her shoulder surgeries. Additional physical therapy sessions are only authorized with evidence of improvement. Therefore the request is not certified.

MRI (thoracic, cervical spine): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 172. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 172-178.

Decision rationale: Per the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, no tests are indicated for regional neck pain. For most injured workers presenting with true neck or upper back problems, special studies are not needed. Criteria for ordering imaging studies 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 or clarification of the anatomy prior to an invasive procedure. Tests are supported after 4-6 weeks for cervical nerve root compression with radiculopathy in the presence of progressive weakness. There are no red flag signs in this worker, nor is there evidence of neurologic deficits. Therefore, medical necessity has not been shown and the request is not certified.