

<b>Case Number:</b>	CM14-0047245		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	10/09/2013
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2014

### 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 Anesthesiology, has a subspecialty in Pain management, and is licensed to practice in Tennessee. 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 is a 36-year-old female with a 10/9/13 date of injury. The mechanism of injury was when she was at work walking on tile floor where the border meets the carpet when she slipped, causing her right foot to go forward and landed on her left knee and left shoulder. According to a progress report dated 3/5/14, the patient continued to experience cervical pain and restriction of motion and pain in the affected left shoulder. She has been to an orthopedica consultation and additional physical therapy has been recommended on her affected shoulder. Additionally, the patient reported continued headaches which originate in the occipital area and proceed anteriorly. Objective findings: tenderness in the posterior cervical musculature with restricted ROM with pain, abduction and flexion of the left shoulder to 160 degrees with pain, other range of shoulder motion is to near end range also with pain, minimal tenderness on palpation of right wrist. Diagnostic impression: sprains/strains of neck, sprains/strains of right ankle. Treatment to date: medication management, activity modification, physical therapy, chiropractic treatment. A UR decision dated 3/13/14 denied the requests for physical therapy 2 x 6 to the neck/left shoulder and neurology consultation. Regarding physical therapy, the claimant had 8 prior sessions of physical therapy and should be progressed to an independent home exercise program. There is no indication of a complication to recovery, co-morbidity, or extenuating clinical circumstance that would support continued physical therapy beyond the possibly exceeded guidelines. Additionally, there appeared to be no findings of progressive deficits that would support the need for further physical therapy. Regarding neurology consultation, there are no red flags and/or significant positive objective orthopedic/neurologic findings, specifically radicular complaints/signs or symptoms/signs of instability/impingement of the shoulder to support the request.

## 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 to the neck/left shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2,9792.22 General Approaches Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter 6 (page 114)Official Disability Guidelines (ODG) Shoulder Chapter, Neck and Upper Back Chapter.

**Decision rationale:** CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. According to the progress reports reviewed, the patient has had prior physical therapy, however the number of sessions completed was not documented. According to a UR decision dated 3/13/14, the patient had completed 8 physical therapy sessions. ODG guidelines support up to 10 visits over 8 weeks for sprained shoulder and 10 visits over 8 weeks for sprains and strains of neck. An additional 12 sessions would exceed guideline recommendations. There was no documentation of functional improvement from her completed physical therapy sessions. A specific rationale as to what the provider hopes to accomplish with additional physical therapy was not provided. In addition, it is unclear why the patient has not been able to transition to a home exercise program at this time. Therefore, the request for Physical Therapy 2 times a week for 6 weeks to the neck/left shoulder was not medically necessary.

**Neurology Consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.23 Clinical Topics. Decision based on Non-MTUS Citation X American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6 - Independent Medical Examinations and Consultations page(s) 127, 156Official Disability Guidelines (ODG) Pain Chapter.

**Decision rationale:** CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. According to a 3/5/14 progress note, the primary treating provider is requesting a neurology consultation and treatment. However, there is no documentation as to why this

request is being made. Therefore, the request for Neurology Consultation was not medically necessary.