

<b>Case Number:</b>	CM14-0056625		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	03/22/2010
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	03/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 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 injured worker is a 62 year old female who sustained an injury on 03/22/10 as a result of a fall. The injured worker sustained injuries to the bilateral shoulders with resultant rotator cuff tears that required right then left repairs. The injured worker had been seen for physical therapy for continued bilateral shoulder pain. The clinical report from 03/06/14 was for performance of a left suprascapular nerve block. Physical examination at this evaluation noted generalized tenderness to palpation in the neck and shoulder girdle bilaterally. There was also mild tenderness over the bicipital groove. Mild to moderate weakness was noted at the rotator cuff bilaterally. There was loss of range of motion in the shoulders bilaterally. Following the suprascapular nerve block, the injured worker was recommended to see a pain psychologist for depression and anger issues. The injured worker was recommended for aquatic therapy to reduce pain and increase range of motion. Due to concerns regarding proximal neurological findings in the cervical spine, computed tomography (CT) studies were recommended as magnetic resonance imaging studies were contraindicated due to the injured worker's placement of a spinal cord stimulator. There was a note on 04/16/14 which did indicate the injured worker would be requested for land based physical therapy. The injured worker was again recommended for a pain psychology consultation to determine candidacy for other interventional treatments and possible medication as well as recommendations for behavioral rehabilitation. The requested CT study of the cervical spine, pain psychology testing, and aquatic therapy for 12 sessions for the left shoulder were denied by utilization review on 03/30/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical CT Scan:** Upheld

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

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

**Decision rationale:** In regards to the request for computed tomography (CT) studies of the cervical spine, it is noted that magnetic resonance imaging (MRI) studies for this injured worker are contraindicated due to the placement of a spinal cord stimulator. Otherwise, the clinical documentation submitted for review did not identify any evidence of progressive or severe neurological deficits concerning possible pathology in the cervical region that would support CT studies at this point in time. Furthermore, there are no preliminary plain film radiographs available for review that were primarily non-diagnostic in nature. As there are no clinical findings to support CT studies for the cervical region, this reviewer would not recommend this request as medically necessary.

**Pain psychology testing:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** Given the injured worker's reported depression and anger issues, this reviewer would have agreed with the prior modification for a psychology consult only to address the injured worker's depression and anger symptoms. Therefore this reviewer would not recommend the requested service of pain psychology testing as medically necessary.

**Aqua therapy twice weekly for six weeks for the left shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

**Decision rationale:** In regards to the request for aquatic therapy twice weekly for 6 weeks for the left shoulder. The injured worker has had continued difficulty with the bilateral shoulders despite surgical intervention and other land based physical therapy. In this case, the requested service for 12 sessions would be considered excessive and is not medically necessary.