MAXIMUS Federal Services

Case Number:	CM14-0059178		
Date Assigned:	07/09/2014	Date of Injury:	03/18/2010
Decision Date:	08/08/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/29/2014

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 Physical Medicine and Rehabilitation, and has a subspecialty in Interventional Spine 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:

This patient is a 43-year-old female with date of injury 03/18/2010. Per treating physician's report 03/10/2014, the patient presents with bilateral shoulder pain, bilateral elbow pain, right greater trochanter pain, right leg and foot pain, constant low back pain, all at an intensity of 4/10. Current medications include Prilosec, Norco, Ativan, and Anaprox. Listed diagnoses are:Left C6-C7 radiculopathy, C6-C7 disk degeneration, closed head injury with cognitive dysfunction, Lateral recess stenosis left greater than right at C6-C7, Status post left carpal tunnel release 12/19/2011,and Bilateral carpal tunnel syndrome. The patient also has a diagnoses of Right ulnar nerve entrapment, Status post C6-C7 anterior cervical diskectomy and fusion from 07/20/2013, bilateral lateral epicondylitis, Right shoulder rotator cuff tear versus impingement syndrome and Right leg radiculopathy. Recommendation was for physical therapy 3 times a week for 6 weeks of the left shoulder, elbow for flare-up of pain, and patient was to undergo random urine toxicology screen. A Report dated 02/17/2014 is by another physician [redacted]. The patient presents with right shoulder pain with limited range of motion, burning sensation to back and shoulder. He reviewed the MRI of the shoulder from 01/04/2014 that showed severe AC joint arthrosis, mild to moderate tendinosis of the rotator cuff, limited evaluation of the labrum, minimal fluid in the subacromial space. [redacted] listed diagnoses are right shoulder pain, impingement, rotator cuff tendonitis, biceps pain, partial tear. The patient was given discussion regarding surgical intervention, injection of the right shoulder was requested and home PT along with formalized physical therapy was recommended. On 03/04/2014 QME, report was reviewed. Under history of injury, patient had EMG/nerve conduction studies from 2011, MRI C-spine 2011, patient has not worked since August 2011, cervical fusion surgery at C6-C7 on 07/20/2013 and an MRI 01/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRASOUND 3 X PER WEEK TO LEFT SHOULDER AND LEFT ELBOW QTY 18: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 58 AND 59 OF 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS pages 98,99 has the following:Physical Medicine Page(s): 98-99.

Decision rationale: This patient presents with chronic neck and shoulder pain. The Patient is status post cervical fusion on 07/20/2013 from which patient did not derive any benefit. The current request is for ultrasound 3 times a week for 6 weeks, but this appears to be part of the physical therapy request by [redacted] per report 03/10/2014. Ultrasound can be used as part of physical therapy. However, for physical therapy treatments, MTUS Guidelines recommend 9 to 10 sessions for myalgia/myositis type of condition that this patient suffers from. Given that the request is for 18 sessions, which exceeds the number of treatments allowed by MTUS Guidelines, the request is not medically necessary. A review of the reports does not show that the patient had recent therapy specifically to the shoulder. However, the patient did have cervical fusion from July of 2013 and may have had postoperative therapy at that time. There were no therapy reports available. Therefore, a short course of therapy up to 10 sessions may be reasonable, but the current request for 18 sessions of ultrasound to be coupled with physical therapy is excessive. The request is not medically necessary.

ELECTRICAL STIMULATION 3 X PER WEEK TO LEFT SHOULDER AND LEFT ELBOW QTY 18: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 58 AND 59 OF 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS pages 98,99 has the following:Physical Medicine Page(s): 98-99.

Decision rationale: The current request for electrical stimulation 3 times a week for 6 weeks is not consistent with MTUS Guidelines. While electrical stimulations can be used as part of physical therapy, which appears to be the request as treating physician [redacted] report from 03/10/2014 recommends physical therapy 3 times a week for 6 weeks, but the current requested quantity exceeds what is recommended by MTUS Guidelines. The MTUS Guidelines recommend up to 9 to 10 of therapy sessions for myalgia/myositis, the type of condition this patient suffers from. Finally, the MTUS Guidelines do not support use of neuro electrical muscle stimulation except for management of stroke. Therefore, the request is not medically necessary.

MYOFASCIAL RELEASE 3 X PER WEEK TO LEFT SHOULDER AND LEFT ELBOW QTY 18: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204 OF 224.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS pages 98,99 has the following:Physical Medicine Page(s): 98-99.

Decision rationale: The current request is for myofascial release 3 times a week for 6 weeks for 18 sessions. Myofascial release is something that is carried out during physical therapy. Based on [redacted] report 03/10/2014 who recommended physical therapy 3 times a week for 6 weeks, this current request for myofascial release appears to be part of that physical therapy. While myofascial release, similar to massage therapy, is reasonable to provide as part of physical therapy treatments, the current request for 18 sessions exceed what MTUS Guidelines recommend. The MTUS Guidelines recommend 9 to 10 sessions of physical therapy for myalgia/myositis, the kind of condition this patient is suffering from. Therefore, the request is not medically necessary.

JOINT MOBILIZATION 3 X PER WEEK TO LEFT SHOULDER AND LEFT ELBOW QTY 18: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204 OF 224.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS pages 98,99 has the following:Physical Medicine Page(s): 98-99.

Decision rationale: The current request for joint mobilization 18 sessions appears to be part of physical therapy treatments to be provided. [redacted] asked for 18 sessions of physical therapy per 03/10/2014 report. The MTUS Guidelines recommend 9 to 10 sessions of therapy treatments for myalgia/myositis, the kind of condition this patient suffers from. The current request for 18 sessions of treatment exceeds what MTUS Guidelines allow. Therefore, the request is not medically necessary.

EXERCISE 3 X PER WEEK TO LEFT SHOULDER AND LEFT ELBOW QTY 18: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MAIPULATION Page(s): 58 AND 59 OF 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS pages 98,99 has the following:Physical Medicine Page(s): 98-99.

Decision rationale: The current request for exercise treatments 3 times a week for 6 weeks appears to be part of the physical therapy treatment that is to be provided as recommended by [redacted]

[redacted] per 03/10/2014 report. The MTUS Guidelines recommended 9 to 10 sessions for physical therapy interventions for myalgia/myositis. The current request for 18 sessions exceeds what is allowed by the MTUS Guidelines for the kind of condition this patient suffers from. Therefore, the request is not medically necessary.