

Case Number:	CM14-0071124		
Date Assigned:	07/14/2014	Date of Injury:	09/14/2012
Decision Date:	08/14/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/16/2014

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 Orthopedic Surgery 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 51-year-old female cashier/cook sustained an industrial injury on 9/14/12. Injury occurred when the patient attempted to sit on a chair and it moved, causing her to fall backwards. Past medical history was positive for diabetes, high cholesterol, kidney disease, and hypertension. Calculate body mass index was 37.8. The 2/27/13 lumbar MRI impression documented disc bulges at T12/L1, L3/4, and L4/5. The L3/4 disc bulge produced mild bilateral neuroforaminal narrowing and mildly impressed the thecal sac. At L4/5, there was bilateral facet arthrosis, ligamentum flavum hypertrophy, neuroforaminal narrowing and mild impression on the thecal sac. The 2/27/13 cervical MRI impression documented multilevel disc bulges from C3/4 to C6/7, mildly impressing the thecal sac at C3/4 and C4/5. There was mild neuroforaminal narrowing at C4/5. The 3/7/13 bilateral lower extremity electrodiagnostic study showed no evidence of radiculopathy. The 3/28/14 initial orthopedic report cited history of injury to the head, neck, right shoulder, and back. Treatment had included physical therapy, chiropractic, acupuncture, and medications. Difficulty is noted with all activities of daily living. Subjective complaints included grade 7 sharp shoulder pain and inability to lift her arm above shoulder level, and grade 8/10 neck pain. Grade 8-9/10 lower back pain was reported that traveled into her right hip, leg and foot, with weakness and giving way of legs. Pain reduced with rest, activity modification, medications, and heat. Right shoulder exam documented moderate tenderness at the acromioclavicular (AC) joint, supraspinatus, infraspinatus, acromion and upper trapezius. Empty can and impingement tests were positive. Range of motion testing documented flexion/abduction 120, extension 30, adduction 20, internal rotation 50, and external rotation 6 degrees. Cervical exam documented mild paraspinal tenderness and reduced range of motion with normal strength, sensation and deep tendon reflexes. Lumbar spine exam documented moderate paraspinal tenderness and muscle guarding, moderate loss of range of motion, and normal lower extremity

neurologic exam. Nerve tension signs were positive bilaterally. The diagnosis was shoulder impingement syndrome, herniated nucleus pulposus L4/5, and cervical spine degenerative disc disease. The treatment plan recommended referral for spine surgery consult for the neck and back, right shoulder arthroscopy, medications, and aquatic therapy 2x6 for chronic neck and back pain and obesity. The 4/24/14 utilization review denied the request for shoulder surgery as there was no documentation of specific MRI findings. Physical therapy was denied pending the spine surgeon treatment recommendations and given the patient had previously undergone conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (updated 03/31/14) Diagnostic arthroscopy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

Decision rationale: The ACOEM guidelines state that surgical consideration may be indicated for patients who have red flag conditions or activity limitations of more than 4 months, failure to increase range of motion and shoulder muscle strength even after exercise programs, and clear clinical and imaging evidence of a lesion that has been shown to benefit, in the short and long-term, from surgical repair. For partial thickness rotator cuff tears and small full thickness tears presenting as impingement, surgery is reserved for cases failed conservative treatment for 3 months. Guideline criteria have not been met. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried and failed. There is no current imaging evidence of a surgical lesion. There is no specific surgical procedure documented. Therefore, this request for right shoulder arthroscopy is not medically necessary.

Aquatic therapy 2x week for 6 weeks (12) for cervical, lumbar spine, and right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical Medicine, page(s) 22, 98-99 Page(s): 22, 98-99.

Decision rationale: The California MTUS guidelines recommend the use of aquatic therapy as an optional form of exercise therapy, as an alternative to land-based physical therapy. Aquatic therapy is specifically recommended where reduced weight bearing is desirable. Guidelines recommend therapies focused on the goal of functional restoration rather than merely the

elimination of pain. The physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. Guideline criteria have not been met. Records suggest that the patient has undergone extensive physical medicine treatment, but there is no evidence of functional benefit, body parts addressed, or number of treatments provided. A specific functional goal has not been documented for aquatic therapy. There is no compelling reason to support the medical necessity of supervised therapy over independent home exercise at this time and pending spine surgery consultation. Therefore, this request for aquatic therapy 2x week for 6 weeks (12) for cervical, lumbar spine, and right shoulder is not medically necessary.