

Case Number:	CM14-0187098		
Date Assigned:	11/17/2014	Date of Injury:	06/15/2011
Decision Date:	01/05/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/10/2014

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 Physician Medicine and Rehabilitation, 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:

The patient is a 51 year old male with an injury date of 06/15/11. Based on the progress report dated 09/02/14, the patient complains of achy pain in the cervical spine rated at 8/10 along with radiating tingling and numbness. The lumbar pain is rated at 9/10 and is also described as "sharp with radiating pain, numbness and tingling." Additionally, the patient complains of pain in the right shoulder, rated at 6/10, along with tingling and numbness. There is achy pain of the left shoulder as well which is rated at 9/10. The patient also complains of blurred vision and headaches. Physical examination of the cervical spine reveals tenderness and spasms in bilateral paraspinals. There is mild tenderness at C4-5, C5-6, and C6-7. The range of motion was slightly limited and the bilateral axial compression test was positive. Physical examination of the bilateral shoulders reveals tenderness in the deltoid bilaterally along with positive impingement on the left side. Physical examination of the lumbar spine showed tenderness and spasms in lumbar paraspinals bilaterally along with tenderness at L2, L3, L4, and L5. The straight leg raise is positive bilaterally. As per progress report dated 06/17/14, the patient complains of headaches and migraines. Physical examination of the cervical spine reveals positive Spurling's test, Foraminal compression test, and shoulder depression test bilaterally. Physical examination of the left shoulder reveals tenderness to palpation at the AC joint. The patient is performing home-based exercises which are not helping, as per progress report dated 09/02/14. Current medications include Norco, Omeprazole and Cyclobenzaprine, as per the same report. The patient underwent left shoulder arthroscopy in October 2013, as per progress report dated 06/17/14. The patient is taking Maxalt for headaches, as per the report. The patient received two cervical epidural injections in March and April 2013, as per AME report dated 04/18/14. The 09/02/14 progress report indicates that the patient is temporarily and totally disabled. X-ray of

the Cervical Spine (date of test not mentioned), as per AME report dated 04/18/14: Degenerative disc disease at C5-6 and C6-7. MRI of the Cervical Spine, 04/03/12, as per AME report dated 04/18/14: Pressure on right C5 exiting nerve root; encroachment on left and right C6 exiting nerve root; and encroachment on left and right C7 exiting nerve root. MRI of bilateral shoulders, 11/22/12, as per AME report dated 04/18/14: AC joint arthropathy; and thickening of the inferior glenohumeral ligament of the left shoulder indicative of adhesive capsulitis. Diagnosis as of 09/02/14 include cervical region disc disorder, unspecified; lumbar region disc disorder; left shoulder adhesive capsulitis; rotator cuff partial tear, left; rotator cuff partial tear, right; and left rotator cuff rupture. The treating physician is requesting for physical therapy 2 x 6 (left shoulder, neck), neurology consultation, and functional capacity evaluation. The utilization review determination being challenged is dated 10/15/14. The rationale follows: Physical therapy 2 x 6 (left shoulder, neck) - The request has been modified to six physical therapy sessions. Neurology consultation - "There is limited indication of conservative care trialed for the symptoms." Functional capacity evaluation - "There are limited recent details on job specifications or failure to return to work." Treatment reports were provided from 04/18/14 - 10/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 6 (left shoulder, neck): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Procedure Summary

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

Decision rationale: This patient presents with achy pain, numbness and tingling in cervical spine and lumbar spine, rated at 8-9/10, along with bilateral shoulder pain rated at 6-9/10, as per progress report dated 09/02/14. The request is for physical therapy 2 x 6 (left shoulder, neck). MTUS Guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." As per AME report dated 04/18/14, the patient underwent left shoulder arthroscopy on 10/20/13 and received 18 sessions of post-operative physical therapy after that. The report states that "He did not find this treatment diminished the pain in his left shoulder but there was some increased motion of the left shoulder." The same AME report states that the patient received 12 sessions of physical therapy (body part not specified) after the injury. The report also states that the patient "did have some random physical therapy sessions to the neck and left shoulder in 2012." The treating physician is requesting for additional 12 session of physical therapy "to work on the left shoulder and neck." The patient is not within the post-operative time frame and the request exceeds what is allowed by MTUS in non-operative cases. Therefore, this request is not medically necessary.

Neurology consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, Independent Medical Examination and Consultations

Decision rationale: This patient presents with achy pain, numbness and tingling in cervical spine and lumbar spine, rated at 8-9/10, along with bilateral shoulder pain rated at 6-9/10, as per progress report dated 09/02/14. As per progress report dated 06/17/14, the patient also complains of headaches and migraines. The request is for neurology consultation. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, page 127 state that the occupational 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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In progress report dated 06/17/14, the orthopedician states that the patient is taking Maxalt for his headaches." In the progress report dated 09/02/14, the same treating physician states, "I am referring this patient for consultation to assess the patient's headaches as this is outside my area of expertise." ACOEM supports specialty consultation. Therefore, this request is medically necessary.

Functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC), Fitness for Duty Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Chapter 7, Functional Capacity Evaluation, pages 137-139

Decision rationale: This patient presents with achy pain, numbness and tingling in cervical spine and lumbar spine, rated at 8-9/10, along with bilateral shoulder pain rated at 6-9/10, as per progress report dated 09/02/14. The request is for functional capacity evaluation. MTUS does not discuss functional capacity evaluations. ACOEM chapter 7, pages 137-139 states that the "examiner is responsible for determining whether the impairment results in functional limitations... The employer or claim administrator may request functional ability evaluations... may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial." ACOEM further states, "There is little scientific evidence confirming that FCE's predict an individual's actual capacity to perform in the workplace." The 09/02/14 progress report indicates that the patient is temporarily and totally disabled. The

treating physician states that functional capacity evaluation will help "assess current levels and limitations prior to considering returning patient back to modified job duties and/or maximum medical improvement." However, the progress reports do not mention a request from the employer or claims administrator. As such, this request is not medically necessary.