

Case Number:	CM14-0188219		
Date Assigned:	11/18/2014	Date of Injury:	10/08/2013
Decision Date:	01/07/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/12/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of October 6, 2013. In a Utilization Review Report dated October 29, 2014, the claims administrator denied 12 sessions of physical therapy, stating that the applicant had had extensive physical therapy, denied a shoulder MRI, stating that the applicant had not had any marked clinical changes since previous shoulder MRI imaging, denied request for electrodiagnostic testing of the bilateral upper and bilateral lower extremities. The claims administrator did note that the applicant had an earlier shoulder MRI, undated, which was negative for rotator cuff tear. The claims administrator stated that its decision was based on RFA forms and progress notes of October 24, 2014, October 18, 2014, and October 2, 2014. The mislabeled and miss-numbered page "474" of the MTUS Chronic Pain Medical Treatment Guidelines was cited in the denial, it was incidentally noted. On July 30, 2014, the applicant reported ongoing complaints of neck and shoulder pain, 7-8/10 with associated paresthesias about the left hand. The applicant was given a diagnosis of left-sided C7 radiculopathy, shoulder arthritis versus shoulder loose bodies, and shoulder strain. Physical therapy was sought. Relafen was renewed. The applicant was given a 20-pound lifting limitation. It was not clear whether the applicant was or was not working. On September 9, 2014, the applicant reported ongoing complaints of neck and shoulder pain. Four- to six-week sessions of physical therapy had been completed. Six additional sessions of physical therapy for the neck and shoulder were sought. A 20-pound lifting limitation was again endorsed. The same, unchanged, 20-pound lifting limitation was endorsed. It was not clear whether the applicant was or was not working with said limitation in place. On October 2, 2014, the applicant reported ongoing complaints of neck, low back, and left shoulder pain. The applicant had apparently transferred care to a new primary treating provider (PTP) on this date. It appeared that this

October 2, 2014 progress note represented a Doctor's First Report (DFR) with the new treating provider to whom the applicant was transferring care. The attending provider stated that he was furnishing the applicant with medications under a separate cover. On January 22, 2014, the applicant consulted an orthopedic shoulder surgeon, who noted that the applicant had undergone earlier left shoulder injection therapy, with temporary pain relief. The applicant had MRI imaging of the shoulder which demonstrated advanced degenerative arthritis without any evidence of a discrete rotator cuff tear. Left shoulder strength was scored at 4-5/5. A 20-pound lifting limitation, electrodiagnostic testing of the left upper extremity, and MRI imaging of the cervical spine were sought. It was stated that the applicant might need a shoulder arthroscopy with removal of loose bodies but would ultimately need a shoulder replacement for his shoulder arthritis. Shoulder MRI imaging of December 13, 2013 was notable for moderately advanced osteoarthritis with no evidence of a discrete rotator cuff tear. Joint effusion and loose bodies were appreciated. The remainder of the file was surveyed, including several medical evidence logs/list of medical documentation provided by the claims administrator and the applicant's attorney. It did not appear that the October 18, 2014 and October 24, 2014 RFA forms made available to the claims administrator were incorporated into the Independent Medical Review packets.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x4 cervical spine/lumbar spine/ left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 474.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic. Functional Restoration Approach to Chronic Pain Management section..

Decision rationale: The 12-session course of treatment proposed, in and of itself, represents treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnosis reportedly present here. No compelling case for further treatment in excess of MTUS parameters was proffered by the attending provider. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the attending provider has given the applicant a 20-pound lifting limitation on several office visits, referenced above, throughout 2014, including, most recently, on September 9, 2014. The applicant was described as having significantly limited shoulder range of motion with flexion and abduction in the 60-80 range about the left shoulder on said September 9, 2014 office visit. All of the foregoing, taken together, suggests a lack of ongoing functional improvement as defined in the MTUS 9792.20f, despite prior physical therapy in unspecified amounts over the course of the claim and implies that the applicant has, in a fact, plateaued with earlier physical therapy treatment. While it is acknowledged that the October 18, 2014 and October 24, 2014 progress note and RFA form on which the article in question was sought were not incorporated into the Independent Medical Review packet, the historical

information on file does not establish the presence of substantive, ongoing functional improvement with earlier physical therapy so as to justify continuation of the same. Therefore, the request is not medically necessary.

MRI of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, Table 9-6, page 214, the routine usage of MRI imaging or arthrography for evaluation purposes without surgical indications is deemed "not recommended." In this case, there was no evidence that the applicant was actively considering or contemplating any kind of surgical intervention involving the injured left shoulder. While the applicant had a long history of shoulder pain, there was neither an explicit statement (nor an implicit expectation) that the applicant would act on the results of the proposed shoulder MRI imaging and consider surgical intervention involving the same, although it is acknowledged that the October 18, 2014 and October 24, 2014 progress note and RFA form made available to the claims administrator were not seemingly incorporated into the Independent Medical Review packet. The information which is on file, however, failed to support or substantiate the request. Therefore, the request is not medically necessary.

Bilateral Upper Extremity/Bilateral Lower Extremity Electromyography (EMG): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 182, 272, 309.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309 notes that EMG testing is recommended to clarify diagnosis of suspected nerve root dysfunction in applicants in whom no improvement has been noted after one month of conservative treatment/observation, in this case, however, there was little-to-no discussion of the applicant's low back and/or lower extremity complaints on any of the office visits in question, including the office visits of September 9, 2014 and October 2, 2014, referenced above. The applicant's complaints of back pain were first mentioned on the Doctor's First Report (DFR) of October 2, 2014. These complaints were not, however, elaborated or expounded upon. There was no mention of nerve root compromise involving the lumbar spine and/or lower extremities set forth on any of the progress notes on file, including the progress notes referenced above. While it is acknowledged that the October 18, 2014 and October 24, 2014 progress note and RFA form on which the article in question was sought were seemingly not incorporated into the Independent

Medical Review packet, the information which is on file, however, failed to support or substantiate the request. Therefore, the request is not medically necessary.