MAXIMUS Federal Services

| Case Number: | CM14-0189821 | | |
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| Date Assigned: | 11/20/2014 | Date of Injury: | 07/23/2014 |
| Decision Date: | 01/08/2015 | UR Denial Date: | 10/28/2014 |
| Priority: | Standard | Application Received: | 11/13/2014 |

## 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 & Rehabilitation, has a subspecialty in Interventional Spine Pain Management 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 54 year old female with an injury date of 07/23/14. Based on the 10/08/14 progress report provided by treating physician, the patient complains of bilateral shoulders/arms pain rated 8-9/10, mid and upper back, bilateral elbow and forearm pain rated 8-9/10, and bilateral hip, thigh and knee pain rated 7-8/10. Physical examination to the bilateral shoulder and upper extremities revealed grade 3 tenderness to palpation, and positive impingement and supraspinatus tests. Examination of the cervical spine revealed grade 3 tenderness to palpation over the paraspinal muscles, restricted range of motion and positive cervical compression test. Examination of the lumbar spine revealed grade 3 tenderness to palpation over the paraspinal muscles, restricted range of motion and positive straight leg raise test bilaterally. Examination of the bilateral knees revealed grade 3 tenderness to palpation and positive McMurray's test on the left. Patient's medications include Cyclobenzaprine and Motrin. Patient has been administered Depo Medrol injection to the left shoulder subacromial space without complication. Provider recommends that the "patient undergo left shoulder rotator cuff repair and arthroscopic surgery. The patient has suffered an injury that has left dysfunction, disability and chronic pain. Trials of rest, time off work, therapy, medications and other conservative methods have failed. This patient is faced with the choice of attempting to live with the pain or undergoing surgical intervention." Provider recommends patient to continue physical therapy 2 times a week for 6 weeks. Patient is on temporary total disability. Based on physical therapy notes from 07/23/14 - 08/22/14, patient has attended 9 sessions for the shoulder, cervical and lumbar spines. Per PT initial evaluation report dated 09/17/14, patient started 12 more sessions for the left shoulder and left wrist. Per provider report dated 09/15/14, patient "received a program of physical therapy but with no great improvement and is continuing to complain of stiffness and pain 'all over,' but

particularly in her left shoulder and left scapular area, and left hip and groin."MRI of the Left Shoulder 09/08/14 Rotator cuff: full-thickness tear to supraspinatus tendon with retraction by up to 12mm. Width of the tear is 18mm. Thickening and slight increased signal to the undersurface of the infraspinatus, and the subscapularis tendons, partial undersurface tear of the infraspinatus tendon, configuration of the acromion and acromioclavicular joint may result in impingement, tiny loose body in the subacromial space for which plain film correlation is advised and prominent septated cyst along the posterior and distal aspect of the clavicle likely arising from the acromioclavicular joint. Diagnosis 10/08/14 are head pain, cervical spine musculoligamentous strain/sprain with radiculitis, rule out cervical spine discogenic disease, thoracic spine musculoligamentous strain/sprain, lumbar spine musculoligamentous strain/sprain with radiculitis, rule out lumbar spine discogenic disease, bilateral shoulder sprain/strain and bilateral shoulder tendinitis and full rotator cuff tear with impingement. Per MRI dated 09/18/14bilateral elbow strain/sprain, bilateral wrist strain/sprain, rule out bilateral wrist carpal tunnel syndrome, bilateral wrist chronic overuse syndrome, bilateral hip strain/sprain versus lumbar radiculitis, bilateral knee strain/sprain versus lumbar radiculitis, rule out left knee meniscal tear, vaginal bleeding rule out industrial causation, sleep disturbance secondary to pain and depression, situational. The utilization review determination being challenged is dated 10/28/14. Treatment reports were provided from 07/23/14 - 10/08/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Left shoulder rotator cuff repair & arthroscopy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) Chapter, Surgery for rotator cuff repair

**Decision rationale:** The patient presents with bilateral shoulders/arms pain rated 8-9/10. The request is for Left Shoulder Rotator Cuff Repair and Arthroscopy. Patient's diagnosis dated 10/08/14 included bilateral shoulder sprain/strain, and bilateral shoulder tendinitis and LEFT full rotator cuff tear with impingement, per MRI dated 09/18/14. Physical examination to the bilateral shoulder and upper extremities on 10/08/14 revealed grade 3 tenderness to palpation, positive impingement and supraspinatus tests. Based on physical therapy notes from 07/23/14 - 08/22/14, patient has attended 9 sessions for the shoulder, cervical and lumbar spines. PT initial evaluation report dated 09/17/14 states that patient started 12 more sessions for the left shoulder and left wrist. Per provider report dated 09/15/14, patient "received a program of physical therapy but with no great improvement and is continuing to complain of stiffness and pain 'all over,' but particularly in her left shoulder and left scapular area, and left hip and groin." Patient's medications include Cyclobenzaprine and Motrin. Patient has been administered Depo Medrol injection to the left shoulder subacromial space without complication on 10/08/14. Patient is on temporary total disability. ODG-TWC, Shoulder (Acute & Chronic) Chapter states: "Criteria for rotator cuff repair with diagnosis of full thickness rotator cuff tear AND Cervical pathology and

frozen shoulder syndrome have been ruled out: 1. Subjective Clinical Findings: Shoulder pain and inability to elevate the arm; tenderness over the greater tuberosity is common in acute cases. 2. Objective Clinical Findings: Patient may have weakness with abduction testing; may also demonstrate atrophy of shoulder musculature, usually has full passive range of motion. 3. Imaging Clinical Findings: Conventional x-rays, AP, and true lateral or axillary views.Gadolinium MRI, ultrasound, or arthrogram shows positive evidence of deficit in rotator cuff. Per progress report dated 10/08/14, provider recommends that the "patient undergo left shoulder rotator cuff repair and arthroscopic surgery. The patient has suffered an injury that has left dysfunction, disability and chronic pain. Trials of rest, time off work, therapy, medications and other conservative methods have failed. This patient is faced with the choice of attempting to live with the pain or undergoing surgical intervention." Patient presents with diagnosis of full rotator cuff tear based on MRI 09/18/14, however provider has not discussed patient's inability to elevate left arm, nor are there objective clinical findings of weakness with abduction on physical examination. The request does not meet ODG criteria for surgery; therefore the request is not medically necessary.

**Physical therapy cervical spine 2 x 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 and 99.

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

**Decision rationale:** The patient presents with bilateral shoulders/arms pain rated 8-9/10, mid and upper back, bilateral elbow and forearm pain rated 8-9/10. The request is for Physical Therapy Cervical Spine 2 x 6. Patient's diagnosis dated 10/08/14 included cervical spine musculoligamentous strain/sprain with radiculitis, rule out cervical spine discogenic disease, thoracic spine musculoligamentous strain/sprain, lumbar spine musculoligamentous strain/sprain with radiculitis, rule out lumbar spine discogenic disease, and "bilateral knee strain/sprain versus lumbar radiculitis, rule out left knee meniscal tear." Examination of the cervical spine revealed grade 3 tenderness to palpation over the paraspinal muscles, restricted range of motion and positive cervical compression test. Patient's medications include Cyclobenzaprine and Motrin. Patient is on temporary total disability. MTUS pages 98, 99 have the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Provider has not provided reason for the request. Per progress report dated 10/08/14, provider recommends patient to "continue physical therapy 2 times a week for 6 weeks." Based on physical therapy notes from 07/23/14 - 08/22/14, patient has attended 9 sessions for the shoulder, cervical and lumbar spines. Per provider report dated 09/15/14, patient "received a program of physical therapy but with no great improvement and is continuing to complain of stiffness and pain 'all over,' but particularly in her left shoulder and left scapular area, and left hip and groin." The request exceeds what is allowed by MTUS. Furthermore, provider has not discussed why patient cannot move on to home exercise program. The request is not medically necessary.

**Physical therapy lumbar spine 2x 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98 and 99.

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

**Decision rationale:** The patient presents with bilateral hip, thigh and knee pain rated 7-8/10. The request is for Physical Therapy Lumbar Spine 2 x 6. Patient's diagnosis dated 10/08/14 included lumbar spine musculoligamentous strain/sprain with radiculitis, rule out lumbar spine discogenic disease, cervical spine musculoligamentous strain/sprain with radiculitis, rule out cervical spine discogenic disease, thoracic spine musculoligamentous strain/sprain and "bilateral knee strain/sprain versus lumbar radiculitis, rule out left knee meniscal tear." Examination of the lumbar spine revealed grade 3 tenderness to palpation over the paraspinal muscles, restricted range of motion and positive straight leg raise test bilaterally. Patient's medications include Cyclobenzaprine and Motrin. Patient is on temporary total disability. MTUS pages 98 and 99 have the following: "physical medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Provider has not provided reason for the request. Per progress report dated 10/08/14, provider recommends patient to "continue physical therapy 2 times a week for 6 weeks." Based on physical therapy notes from 07/23/14 - 08/22/14, patient has attended 9 sessions for the shoulder, cervical and lumbar spines. Per provider report dated 09/15/14, patient "received a program of physical therapy but with no great improvement and is continuing to complain of stiffness and pain 'all over,' but particularly in her left shoulder and left scapular area, and left hip and groin." The request exceeds what is allowed by MTUS. Furthermore, provider has not discussed why patient cannot move on to home exercise program. The request is not medically necessary.

**Physical therapy left knee 2 x 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98 and 99.

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

**Decision rationale:** The patient presents with left knee pain. The request is for Physical Therapy Left Knee 2 x 6. Patient's diagnosis dated 10/08/14 included cervical spine musculoligamentous strain/sprain with radiculitis, rule out cervical spine discogenic disease, thoracic spine musculoligamentous strain/sprain, lumbar spine musculoligamentous strain/sprain with radiculitis, rule out lumbar spine discogenic disease, and "bilateral knee strain/sprain versus lumbar radiculitis, rule out left knee meniscal tear." Examination of the bilateral knees revealed

grade 3 tenderness to palpation and positive McMurray's test on the left. Patient's medications include Cyclobenzaprine and Motrin. Patient is on temporary total disability. MTUS pages 98, 99 have the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Provider has not provided reason for the request. Per progress report dated 10/08/14, provider recommends patient to "continue physical therapy 2 times a week for 6 weeks." Based on physical therapy notes from 07/23/14 - 08/22/14, patient has attended 9 sessions for the shoulder, cervical and lumbar spines. Per provider report dated 09/15/14, patient "received a program of physical therapy but with no great improvement and is continuing to complain of stiffness and pain 'all over,' but particularly in her left shoulder and left scapular area, and left hip and groin." It does not appear the patient received physical therapy for her left knee, however patient has exceeded amount of sessions allowed by MTUS. Furthermore, provider has not discussed why patient cannot move on to home therapy program. The request is not medically necessary.