

Case Number:	CM14-0190650		
Date Assigned:	11/25/2014	Date of Injury:	03/31/2011
Decision Date:	01/12/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/14/2014

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, 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 03/31/11. Based on the 07/23/14 progress report, the patient complains of cervical spine pain, right shoulder pain, and left shoulder pain. He rates his pain as an 8/10. The left shoulder pain also has numbness and tingling. In regards to the cervical spine, he has a slight loss of the normal lordotic curvature and the bilateral shoulder have a positive Neer's, positive 90 degree cross over impingement test, positive Apley's, positive Hawkins and weak abduction against resistance. The 08/26/14 report indicates that the patient rates his pain as an 8-9/10. Range of motion for the cervical spine is 50% of full and range of motion for the right shoulder is about 65% of full. The 10/13/14 report states that the patient rates his cervical spine and right shoulder pain as a 4/10. He no longer has left shoulder pain. The patient's diagnoses include the following: Right shoulder impingement syndrome. Right acromioclavicular cartilage disorder. Right subacromial/subdeltoid bursitis. Right shoulder old glenoid fracture fragment per x-ray of 01/20/14. Cervicogenic headaches. Cervicalgia. C2 to C5 osteophyte complexes per x-ray of 09/28/13. The utilization review determination being challenged is dated 10/31/14. Treatment reports were provided from 04/24/14- 11/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Spine Physical Therapy 2x6: Upheld

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

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

Decision rationale: According to the 07/23/14 report, the patient presents with cervical spine pain, right shoulder pain, and left shoulder pain. The request is for Cervical Spine Physical Therapy 2 X 6. Review of the reports indicates that the patient has had two sessions of physical therapy up to date. 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 continues to state that for Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. The reports provided show that the patient had two physical therapy sessions on 09/30/14 and 10/02/14. The 10/02/14 physical therapy report states that the patient "has not made significant improvement in symptom management for decreased work limitations." It appears as though the patient is not receiving any benefit from the physical therapy he has already had. Furthermore, the Physician has requested for a total of 12 sessions of physical therapy which exceeds what is allowed by MTUS. The requested cervical spine physical therapy 2 x 6 is not medically necessary.

Bilateral Shoulders Physical Therapy 2x6: Upheld

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

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

Decision rationale: According to the 07/23/14 report, the patient presents with cervical spine pain, right shoulder pain, and left shoulder pain. The request is for Bilateral Shoulders Physical Therapy 2 X 6. Review of the reports indicates that the patient has had two sessions of physical therapy up to date. 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 continues to state that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. The reports provided show that the patient had two physical therapy sessions on 09/30/14 and 10/02/14. The 10/02/14 physical therapy report states that the patient "has not made significant improvement in symptom management for decreased work limitations." It appears as though the patient is not receiving any benefit from the physical therapy he has already had. Furthermore, the Physician has requested for a total of 12 sessions of physical therapy which exceeds what is allowed by MTUS. The requested cervical spine physical therapy 2 x 6 is not medically necessary.

Right Subacromial Injection of 2% Lidocaine mixed with 1ml of Depo-Medrol 40mg/ml Performed on 10/13/14: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 235-236, 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) chapter, Steroid injections

Decision rationale: According to the 07/23/14 report, the patient presents with cervical spine pain, right shoulder pain, and left shoulder pain. The request is for Right Subacromial Injection of 2% Lidocaine Mixed with 1 Ml of Depo-Medrol 40 Mg/Ml Performed on 10/13/14. There is no indication that the patient has previously tried injections for his shoulder. ACOEM guidelines page 235 and 236 states corticosteroid injections have been shown to be effective, at least in the short term; however, the evidence on long-term effects is mixed, some studies show high recurrence rate among injection groups. For shoulder, ACOEM p213 allows for 2-3 injections as part of a rehabilitation program. ODG guidelines recommend up to 3 injections. The 10/13/14 report states that the patient's right shoulder pain is 4/10, constant and achy, with some numbness and tingling radiating down into the fingers. Given the patient's continued right shoulder pain and decreased range of motion, a trial of right subacromial injection of 2% Lidocaine mixed with 1 ml of Depo-Medrol 40 mg/ml is within guidelines. The request is medically necessary.