

Case Number:	CM14-0198174		
Date Assigned:	12/08/2014	Date of Injury:	09/25/2012
Decision Date:	01/26/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	11/25/2014

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:

Injured worker (IW) sustained an industrial injury on 09/25/12. Per a 07/07/14 peer review decision report, 01/18/13 right shoulder MRI revealed low grade interstitial tearing of the distal supraspinatus tendon near attachment to footprint on a background of mild tendinopathy. Mild acromioclavicular joint osteoarthritis was present. 12/07/13 lumbar MRI revealed multilevel disc and facet abnormalities. From office notes, it appears that right shoulder surgery was performed in July 2014, but no operative note is available. 07/22/14 office note documented complaints of right shoulder pain, cervical pain, low back pain, and right wrist pain. Well-healing surgical scar was noted. Physical therapy twice weekly times 12 weeks was ordered. 08/12/14 office note documented complaints of right shoulder pain. There was stiffness due to immobilization. Well-healed surgical incision was noted. Physical therapy twice per week for 6 weeks was requested. 10/14/14 office note documented complaints of pain in the cervical spine radiating to the upper extremities, low back pain radiating to the lower extremities, and right shoulder pain aggravated by forward reaching, pushing, pulling, and working above shoulder level. Well-healed right shoulder scar was noted. There was pain with terminal motion. Impingement signs were negative and no other shoulder abnormalities were documented. Lumbar tenderness and pain with terminal motion were noted. Seated nerve root test was positive. Strength and sensation were normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with pain management for LESI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 12 Low Back Complaints Page(s): 80, 296, 306, Postsurgical Treatment Guidelines Page(s): 46.

Decision rationale: ACOEM Guidelines state: "The clinician should judiciously select and refer to specialists who will support functional recovery as well as provide expert medical recommendations." ACOEM Guidelines Low Back chapter states: "Physical-examination evidence of severe neurologic compromise that correlates with the medical history and test results may indicate a need for immediate consultation. The examination may further reinforce or reduce suspicions of tumor, infection, fracture, or dislocation. A history of tumor, infection, abdominal aneurysm, or other related serious conditions, together with positive findings on examination, warrants further investigation or referral. A medical history that suggests pathology originating somewhere other than in the lumbosacral area may warrant examination of the knee, hip, abdomen, pelvis or other areas...Patients with acute back pain alone, without findings of serious conditions or significant nerve root compromise, rarely benefit from either surgical consultation or surgery. If there is not clear indication for surgery, referring the patient to a physical medicine practitioner may help resolve the symptoms." Treating physician has documented complaints of low back pain radiating to the lower extremities. However, there is insufficient documented objective evidence of radiculopathy (a dermatomal pattern of pain or sensory deficits, focal deficits in motor strength or deep tendon reflexes, specific findings on MRI, or positive electrodiagnostic studies) to meet MTUS criteria for ESIs. In addition, the spinal level of proposed injection is not specified in request. No evidence of a red-flag condition is documented. Medical necessity is not established for the requested pain management consultation for ESI.

Physical therapy 2 times 6 for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 202-203, 212, 216, Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: The 6 month postsurgical physical medicine treatment period provided by MTUS has expired, and the requested 12 additional physical therapy (PT) sessions exceed the MTUS recommendation for up to 24 PT sessions following shoulder arthroscopy for rotator cuff tear or impingement. MTUS Chronic Pain Medical Treatment Guidelines are silent concerning therapy for the shoulder joint. ACOEM Guidelines Shoulder chapter recommends physical therapy. Algorithm 9-3 [Evaluation of Slow-to-recover Patients with Occupational Shoulder Complaints (Symptoms > 4 weeks)] recommends referral for stabilization exercises for patients

without adequate exercise program. Based upon the available documentation and evidence-based recommendations, medical necessity is not established for continued skilled therapy.