MAXIMUS Federal Services

Case Number:	CM14-0210319		
Date Assigned:	12/23/2014	Date of Injury:	10/29/2012
Decision Date:	02/13/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/15/2014

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 Internal 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 patient is a 48 year old female who had her injury on 10/29/12 .On 5/24/13 she was noted by her PCP to have neck pain, L hand pain, and left shoulder pain. She was noted to have paresthesias, weakness, and dropping items with her left hand. The exam showed tenderness on palpation of the subacromial region and the AC joint. Cortisone injection into the left shoulder was done. On 7/2/14 an exam by the QME noted continued neck, left shoulder, and bilateral wrist pain. Tingling and numbness were noted in both upper extremities. The QME recommended EMG/NCV study of the upper extremities and that the patient sees a spine surgeon. The diagnoses were left shoulder impingement, bilateral wrist sprain, and cervical disc discopathy. A retrograde authorization was sought for the left shoulder cortisone shot, PT for 1 session, and computer ROM study. These requests were denied by UR on 11/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy QTY 1.00: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 174, 212. Decision based on Non-MTUS

Citation Official Disability Guidelines (ODG) page 1032 on neck PT and page 1356 on shoulder PT.

Decision rationale: The MTUS states that physical modality treatment for the neck should include specific exercises for the neck for ROM and strengthening. At home treatments should be initially cold packs and then later hot and or cold packs applied. Also, relaxation techniques and aerobic activities should be stressed. Lastly, one or two PT sessions should be allowed to provide education, counseling, and supervision of an at home exercise program. The ODG discusses PT treatment for cervical pain caused by an intervertebral disc problem without myelopathy. It states that medical treatment should be provided with 10 visits over an 8 week period, postop for discectomy should comprise 16 visits over an 8 week period, and lastly cervical fusion should be allowed 34 post op visits over 8 weeks. The section in AECOM states that the recommended medical treatment for soft tissue shoulder and non-surgical treatment is passive rom at home with pendulum and wall crawl with the extremity and also strengthening and stabilization exercises. Optional treatment included heat or cold applications and a short course of PT. In the section in the ODG we note that PT treatment should be 1-3 visits a week with self-directed home PT taught and that the treatments should be 10 over an 8 week course. In the above patient we have a patient with chronic pain and a short course of treatment with PT would be beneficial in establishing a home exercise regimen and conservative treatments. Therefore, the PT is medically necessary.

Computer Range of Motion Study: 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); online, low back chapter, flexibility.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 1304.

Decision rationale: The ACOEM mention the use of computers in the application of CT scanning such as in low back assessment but does not mention the use of computers in range of motion studies. There is no evidence to support the use of computers in accessing range of motion. Therefore, the request is not medically necessary.

Left shoulder cortisone injection: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211.

Decision rationale: This patient has impingement syndrome and the MTUS states that cortisone shots and other conservative treatments can be implemented for about 3 to 6 months before considering more invasive treatments such as surgery in patients with impingement syndrome.

Therefore, it was clinically indicated to utilize shoulder cortisone shot as part of conservative management of his impingement syndrome and the procedure should be certified. The request is medically necessary.