Case Number:	CM15-0001055		
Date Assigned:	01/12/2015	**Date of Injury:**	08/22/2013
Decision Date:	03/13/2015	**UR Denial Date:**	12/05/2014
Priority:	Standard	**Application Received:**	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: North Carolina
Certification(s)/Specialty: Family Practice

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 injured worker (IW) is a 55 year old male who sustained an industrial injury on 08/23/2013. He reported the right leg locked up and he twisted the left knee and strained the low back. The diagnoses have included cervical spondylosis, left cervical radicular symptoms, left shoulder pain and possible rotator cuff tear. Treatment to date has included physical therapy, acupuncture, heat and massage which have helped.Currently, the IW complains of worsening left shoulder, neck pain and stiffness rated as 7/10. The pain is described as deep tearing, burning pain which is aggravated with forceful activities, above shoulder movement and lying on the left side while sleeping. Physical exam revealed cervical range of motion to be 70% of expected. There was no upper extremity motor deficit. Left shoulder showed positive Hawkins's, Neer's, O'Brien test, empty can test and crossover test. Severe tenderness in anterior aspect of left shoulder was noted. On 11/19/2013 x-ray of the cervical spine revealed mild cervical spondylosis. Work status is listed as retired on modified duty. On 12/05/2014 Utilization Review non-certified a request for MRI of the cervical spine and MRI of the left shoulder, noting the submitted documentation does not supply objective evidence of neurological deficits in order to support the requested treatment. ACOEM Guidelines were cited. The trial of physical therapy for neck and left shoulder (Quantity 6) was also non-certified, noting the submitted documentation does not reflect the amount of therapy previous administered nor the amount/duration of functional benefits obtained from it. MTUS, ACOEM and Official Disability Guidelines were cited.On 01/05/2015 the injured worker submitted an application for IMR for review of MRI of the cervical spine to assess disc disease/canal stenosis, MRI of left shoulder to rule out rotator cuff

tear, a trial of 6 visits of physical therapy for neck pain, request for 6 sessions of physical therapy for left shoulder pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine and left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 208, pg 177-178.

Decision rationale: The ACOEM chapter on shoulder complaints and imaging studies states: Primary criteria for ordering imaging studies are: Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems), Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon), Failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). The provided documentation for review fails to meet the above criteria per the ACOEM. Therefore the request is not certified.The ACOEM chapter on neck and upper back complaints and special diagnostic studies states: Criteria for ordering imaging studies are: Emergence of a red flag, Physiologic evidence of tissue insult or neurologic dysfunction, Failure to progress in a strengthening program intended to avoid surgery, Clarification of the anatomy prior to an invasive procedure. The provided progress notes fails to show any documentation of indications for imaging studies of the neck as outlined above per the ACOEM. There was no emergence of red flag. The neck pain was characterized as unchanged. The physical exam noted no evidence of tissue insult or neurologic dysfunction. There is no planned invasive procedure. Therefore criteria have not been met for a MRI of the neck and the request is not certified.

Trial of physical therapy for the neck and left shoulder, six sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints,Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The California chronic pain medical treatment guidelines section on physical medicine states: Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short

term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007)Physical Medicine Guidelines Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks, Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2), 8-10 visits over 4 weeks, Reflex sympathetic dystrophy (CRPS) (ICD9 337.2):, 24 visits over 16 weeks. Physical medicine is a recommended treatment option for chronic pain.However the progress notes states that physical therapy and acupuncture have been helpful for the chronic neck and shoulder pain. Therefore the patient has already completed an unspecified amount of physical therapy. The goal of physical therapy is a transition to home based exercise program. The requested amount of physical therapy is in excess of California chronic pain medical treatment guidelines. There is no explanation why the patient would need continuing physical therapy and not be transitioned to active self-directed physical medicine. In the absence of such documentation, the request cannot be certified.