

<b>Case Number:</b>	CM15-0002828		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	10/16/2012
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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: California, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 is a 63-year-old male who reported an injury on 10/16/2012. The mechanism of injury was a motor vehicle accident. His diagnosis was noted as cervical radiculitis; history of left shoulder impingement syndrome; lumbar radiculopathy, L4-5; left hip contusion; status post left shoulder subacromial decompression, distal clavicle resection, with biceps tenotomy and labral debridement. His past treatments were noted to include physical therapy, home exercise program, medication, and surgery. His surgical history was noted as left shoulder subacromial decompression, distal clavicle resection, with biceps tenotomy and labral debridement, performed on 05/14/2014. During the assessment on 11/06/2014, the injured worker complained of persistent left shoulder stiffness, neck pain that radiated into the left arm, and low back pain that radiated down to the foot on the left side. The physical examination revealed moderate left side cervical tenderness that extended into the trapezius with additional tenderness present over the left subdeltoid bursa. The left shoulder active range of motion was limited to 100 degrees of forward flexion and 85 degrees of abduction. The left shoulder passive range of motion was only mildly improved over active range of motion. The cervical and lumbar active range of motion remained modestly impaired as well. There was a positive Spurling's sign with dysesthesias that radiated toward the left axilla. There was a positive straight leg raise on the left. His medications were noted to include metformin, Pressor, Diovan HCT, tramadol, and Vicodin. The doses and frequencies were not provided. The treatment plan was to request L4-5 lumbar microdiscectomy, additional therapy, as well as transition to a comprehensive home

based exercise program and request a cervical x-ray disc. The rationale for the request was not provided. The Request for Authorization form was not submitted for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Retrospective request for Trigger Point IM injection (Lido & Toradol 60 mg) to left trapezius, performed on 12/11/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Trigger Point Injections

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point injections. Page(s): 122.

**Decision rationale:** The request for retrospective request for trigger point IM injection (lido & Toradol 60 mg) to left trapezius, performed on 12/11/14 is not medically necessary. The California MTUS Guidelines recommend trigger point injections only from myofascial pain syndrome, with limited lasting value. The guidelines indicate that trigger point injections are not recommended for radicular pain. The clinical documentation did not indicate the rationale for the request for trigger point injections. Furthermore, the guidelines indicate that trigger point injections are not recommended for radicular pain. As such, the request is not medically necessary.

#### **Additional post-operative physical therapy, twice a week for four weeks for the left shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine..

**Decision rationale:** The request for additional post-operative physical therapy, twice a week for four weeks for the left shoulder is not medically necessary. The California MTUS guidelines note 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. The guidelines recommend up to 10 visits over 8 weeks for myalgia and myositis, unspecified. The clinical documentation did not include a detailed assessment of the injured worker's current functional condition including range of motion and motor strength which would support the request for physical therapy. There was a lack of adequate information regarding whether or not the injured worker had benefited from the past physical therapy visits or if there were any functional improvements made. Furthermore, the request is for post-

operative physical therapy and there was no indication that a surgical procedure was to be performed. As such, the request is not medically necessary.