

<b>Case Number:</b>	CM15-0005863		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	04/22/2010
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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

Certification(s)/Specialty: Emergency Medicine

### 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 58-year-old female with an industrial injury dated 4/22/2010. Her diagnoses include left rotator cuff syndrome and cervical radiculitis. Recent diagnostic testing was not provided. She has been treated with physical therapy for the left shoulder and cervical spine, medications, activity restrictions for several months. In a progress note dated 11/25/2014, the treating physician reports worsening mild to moderate left shoulder pain at rest that becomes moderate to severe with activities despite treatment. The injured worker's pain was rated 9/10 and intermittent. The objective examination revealed no noted tenderness to the cervical spine musculature, full range of motion, normal strength, sensation and reflexes in the upper extremities, tenderness to the left lateral tip of the left shoulder, slightly decreased range of motion in the left shoulder, and positive Neer's, Spurling's and Hawkin's tests. The treating physician is requesting additional physical therapy for the left shoulder and cervical spine and a MRI of the cervical spine, which were denied by the utilization review. On 12/16/2015, Utilization Review non-certified a request for physical therapy on to two times per week up to six weeks for the left shoulder, noting the absence of a recent physical therapy evaluation, documented functional improvement from previous visits, and for exceeding the recommended guidelines. The MTUS, ACOEM Guidelines, (or ODG) was cited. On 12/16/2015, Utilization Review non-certified a request for physical therapy on to two times per week up to six weeks for the cervical spine, noting the absence of a recent physical therapy evaluation, documented functional improvement from previous visits, and for exceeding the recommended guidelines. The MTUS, ACOEM Guidelines, (or ODG) was cited. On 12/16/2015, Utilization Review non-

certified a request for MRI of the cervical spine, noting the lack of significant changes in the injured workers condition, and the absence of recent plain imaging of the cervical spine. The ODG Guidelines were cited. On 01/12/2015, the injured worker submitted an application for IMR for review of physical therapy on to two times per week up to six weeks for the left shoulder, and physical therapy one to two times per week up to six weeks for the cervical spine, and MRI of the cervical spine.

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

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

#### **Physical therapy 1-2 a week up to 6 visits for the left shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207, Chronic Pain Treatment Guidelines Physical therapy Page(s): 98.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Physical therapy, Sprained Shoulder; rotator cuff.

**Decision rationale:** The requested Physical therapy 1-2 a week up to 6 visits for the left shoulder is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Shoulder Complaints, Summary of Recommendations and Evidence, page 212; and Official Disability Guidelines (ODG), Shoulder, Physical therapy, Sprained Shoulder; rotator cuff; recommend up to 10 physical therapy sessions for this condition and continued therapy with documented objective evidence of derived functional improvement. The injured worker has worsening mild to moderate left shoulder pain at rest that becomes moderate to severe with activities despite treatment. The treating physician has documented no noted tenderness to the cervical spine musculature, full range of motion, normal strength, sensation and reflexes in the upper extremities, tenderness to the left lateral tip of the left shoulder, slightly decreased range of motion in the left shoulder, and positive Neer's, Spurling's and Hawkin's tests. The treating physician did not document objective evidence of derived functional improvement from completed physical therapy sessions. Finally, the completed therapy sessions should have afforded sufficient time for instruction and supervision of a transition to a dynamic home exercise program. The criteria noted above not having been met, Physical therapy 1-2 a week up to 6 visits for the left shoulder is not medically necessary.

#### **Physical therapy 1-2 a week up to 6 visits for the cervical spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178, Chronic Pain Treatment Guidelines Physical therapy Page(s): 98.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Acute and Chronic, Physical therapy.

**Decision rationale:** The requested Physical therapy 1-2 a week up to 6 visits for the cervical spine, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), CHAPTER 8, Neck and Upper Back Complaints, Summary of Recommendations and Evidence, Page 181; and Official Disability Guidelines (ODG), Neck and Upper Back, Acute and Chronic, Physical therapy, recommend continued physical therapy with documented objective evidence of derived functional benefit. The injured worker has worsening mild to moderate left shoulder pain at rest that becomes moderate to severe with activities despite treatment. The treating physician has documented no noted tenderness to the cervical spine musculature, full range of motion, normal strength, sensation and reflexes in the upper extremities, tenderness to the left lateral tip of the left shoulder, slightly decreased range of motion in the left shoulder, and positive Neer's, Spurling's and Hawkin's tests. The treating physician did not document objective evidence of derived functional improvement from completed physical therapy sessions. Finally, the completed therapy sessions should have afforded sufficient time for instruction and supervision of a transition to a dynamic home exercise program. The criteria noted above not having been met, Physical therapy 1-2 a week up to 6 visits for the cervical spine is not medically necessary.

**MRI (magnetic resonance imaging) of the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-179.

**Decision rationale:** The requested MRI (magnetic resonance imaging) of the cervical spine is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 178-179, recommend imaging studies of the cervical spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option". The injured worker has worsening mild to moderate left shoulder pain at rest that becomes moderate to severe with activities despite treatment. The treating physician has documented no noted tenderness to the cervical spine musculature, full range of motion, normal strength, sensation and reflexes in the upper extremities, tenderness to the left lateral tip of the left shoulder, slightly decreased range of motion in the left shoulder, and positive Neer's, Spurling's and Hawkin's tests. The treating physician has not documented a history of acute trauma, nor physical exam evidence indicative of radiculopathy such as a Spurling's sign or deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met, MRI (magnetic resonance imaging) of the cervical spine is not medically necessary.