MAXIMUS Federal Services

Case Number:	CM15-0108260		
Date Assigned:	06/12/2015	Date of Injury:	05/16/2013
Decision Date:	07/14/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	06/04/2015

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 is a 61-year-old male, who sustained an industrial injury on 05/16/2013. According to a progress report dated 02/16/2015, chief complaints included the left shoulder. The injured worker complained of neck pain and left shoulder pain. Neck pain was rated 8-10 on a scale of 1-10. On 10/28/2009 and 11/10/2014, he had arthroscopy of the left shoulder. He was disabled since 05/20/2013. He was independent in bathing, dressing, grooming, oral care, toileting, transferring, walking, climbing stairs, eating, managing medications, using the telephone, managing money, performing housework, doing laundry, driving, shopping and cooking. Diagnoses included status post arthroscopy left shoulder with acromioplasty, extensive debridement, Mumford procedure and chondroplasty for chondromalacia humeral head grade IV and anterior glenoid chondromalacia Grade III-IV on 10/28/2009, chondromalacia humeral head grade IV and anterior inferior glenoid grade III-IV left shoulder and interior glenohumeral arthritis with inferior hypertrophic spurring and mild and cystic changes inferior on half glenohumeral joint left shoulder. Examination of the cervical spine demonstrated that spinous processes were normally aligned and nontender to palpation. No defect was noted in the interspinous ligament. There was tenderness to palpation of the paracervical, levator scapulae, medial trapezius and parascapular muscles. Positive levator scapulae and trapezius muscle spasm was detected. Examination of the left shoulder demonstrated no erythema, ecchymosis or effusion. There was no tenderness or swelling of the left shoulder. There was positive impingement sign, positive supraspinatus sign, negative apprehension testing, positive acromioclavicular joint tenderness, positive crepitus, negative drop arm test and negative sulcus sign. There was no detectable anterior or posterior laxity. There was no evidence of torticollis. There was no crepitus. Spurling sign was positive for neck pain radiating to the levator scapulae and trapezius muscles. The treatment plan included Ibuprofen, physical therapy 2 times a week x 4 weeks for the left shoulder and a recheck in 4 weeks. According to a progress report dated

03/12/2015, the injured worker had not had physical therapy of the left shoulder. The treatment plan included physical therapy for the left shoulder 2 x 4 weeks. Work status included no pushing, pulling or lifting over 10 pounds, no climbing ladders and no overhead work. Currently under review is the request for physical therapy sessions x 8 for the cervical spine and cervical traction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy sessions x 8 for the Cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114,Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical therapy guidelines.

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. The requested amount of physical therapy is in excess of California chronic pain medical treatment guidelines. The request meets guideline standards and therefore is medically necessary.

Cervical traction: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Gross AR, Aker PD, Goldsmith CH, Peloso F. Physical medicine modalities for mechanical neck disorders (Cochrane Review).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174.

Decision rationale: The ACOEM chapter on neck complaints states: There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. These palliative tools may be used on a trial basis but should be monitored closely. Emphasis should focus on functional restoration and return of patients to activities of normal daily living. Cervical traction is only recommended on a trial basis with monitoring of functional improvement. The request does not define a time limit or number of sessions and therefore is not medically necessary.