

Case Number:	CM15-0144082		
Date Assigned:	08/04/2015	Date of Injury:	02/16/2009
Decision Date:	09/23/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/23/2015

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: 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 57-year-old female, who sustained an industrial injury on 2-16-09. The injured worker has complaints of chronic cervical and neck pain. The documentation noted that the range of motion is decreased and painful and tenderness to palpation is positive over the cervicotrachezial ridge and over the facet joints. Documentation noted decreased range of motion in both shoulder. The diagnoses have included cervical spine multilevel degenerative disc disease and degenerative joint disease; spondylosis anteriorly and posteriorly; chronic cervical spine sprain and strain and cervical radiculitis. Treatment to date has included home exercise program; pool therapy; physical therapy; ultram and norco. The request was for 6 sessions of aquatic therapy; 12 sessions of physical therapy; magnetic resonance imaging (MRI) of the bilateral shoulders and capsaicin cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of aquatic therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22, 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Physical Medicine Page(s): 22, 98, and 99.

Decision rationale: Based on the 06/06/15 progress report provided by treating physician, the patient presents with pain to neck and bilateral shoulders. The patient is status post cervical fusion C4-C7, and bilateral shoulder surgery, on unspecified dates. The request is for 6 SESSIONS OF AQUATIC THERAPY. RFA with the request not provided. Patient's diagnosis on 06/03/15 includes cervical spine multilevel degenerative disc disease and degenerative joint disease, spondylosis anteriorly and posteriorly, chronic cervical spine sprain/strain, cervical radiculitis, and adhesive capsulitis right shoulder. Physical examination on 06/06/15 revealed tenderness to palpation over cervicotracheal ridge and over the facet joints. Mild C6 radiculopathy noted. Range of motion decreased and painful to neck and bilateral shoulders. Treatment to date has included pool therapy, physical therapy, home exercise program, and medications. Patient's medications include Ultram and Norco. The patient is temporarily very disabled. MTUS Guidelines, page 22, Aquatic therapy "Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. (Tomas-Carus, 2007)" MTUS Guidelines, pages 98-99, "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." Per 06/06/15 report, treater states, "the patient will continue home exercises and her new pool therapy, once a week." Given the patient's postoperative status, diagnosis and continued pain, a short course of physical therapy would appear to be indicated. However, there is no indication the patient is extremely obese, nor discussion as to why the patient cannot participate in traditional weight-bearing exercises. Furthermore, treater has not provided a precise treatment history, nor documented efficacy of prior therapy. In addition, this request for 6 additional sessions of aquatic therapy would exceed what is allowed by MTUS. Therefore, the request IS NOT medically necessary.

12 sessions of physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 22, 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: Based on the 06/06/15 progress report provided by treating physician, the patient presents with pain to neck and bilateral shoulders. The patient is status post cervical fusion C4-C7, and bilateral shoulder surgery, on unspecified dates. The request is for 12 SESSIONS OF PHYSICAL THERAPY. RFA with the request not provided. Patient's

diagnosis on 06/03/15 includes cervical spine multilevel degenerative disc disease and degenerative joint disease, spondylosis anteriorly and posteriorly, chronic cervical spine sprain/strain, cervical radiculitis, and adhesive capsulitis right shoulder. Physical examination on 06/06/15 revealed tenderness to palpation over cervicotracheal ridge and over the facet joints. Mild C6 radiculopathy noted. Range of motion decreased and painful to neck and bilateral shoulders. Treatment to date has included pool therapy, physical therapy, home exercise program, and medications. Patient's medications include Ultram and Norco. The patient is temporarily very disabled. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Per 06/06/15 report, treater states "Physical therapy helping and should continue two times a week for six weeks." In this case, given the patient's postoperative status, diagnosis and continued pain, a short course of physical therapy would appear to be indicated. However, treater has not provided a precise treatment history, documented efficacy of prior therapy, nor explained why on-going therapy is needed. The request for 12 additional sessions exceeds what is allowed by MTUS. Therefore, the request IS NOT medically necessary.

MRI bilateral shoulders: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207.

Decision rationale: Based on the 06/06/15 progress report provided by treating physician, the patient presents with pain to neck and bilateral shoulders. The patient is status post cervical fusion C4-C7, and bilateral shoulder surgery, on unspecified dates. The request is for MRI BILATERAL SHOULDERS. RFA with the request not provided. Patient's diagnosis on 06/03/15 includes cervical spine multilevel degenerative disc disease and degenerative joint disease, spondylosis anteriorly and posteriorly, chronic cervical spine sprain/strain, cervical radiculitis, and adhesive capsulitis right shoulder. Physical examination on 06/06/15 revealed tenderness to palpation over cervicotracheal ridge and over the facet joints. Mild C6 radiculopathy noted. Range of motion decreased and painful to neck and bilateral shoulders. Treatment to date has included pool therapy, physical therapy, home exercise program, and medications. Patient's medications include Ultram and Norco. The patient is temporarily very disabled. ACOEM Guidelines has the following regarding shoulder MRI on pages 207 and 208, "routine testing (laboratory test, plain-film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first 6 weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of serious shoulder condition or referred pain." ODG-TWC, Shoulder (Acute & Chronic) Chapter, under Magnetic resonance imaging (MRI) states: "Indications for imaging-Magnetic resonance imaging (MRI): Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs; Sub acute shoulder pain, suspect instability/labral tear; Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology.

(Mays, 2008)" Per 06/06/15 report, treater states "will need MRIs of both shoulders and neck. Will probably need revision shoulder surgery, both shoulders." ODG allows the use of MRI imaging to perform a global examination. The patient continues with pain, and there is no indication the patient had postoperative MRI of either shoulder. Given the patient's postoperative status, continued symptoms, and diagnosis, this request appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.

Capsaicin cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Capsaicin Page(s): 111, 28, 29.

Decision rationale: Based on the 06/06/15 progress report provided by treating physician, the patient presents with pain to neck and bilateral shoulders. The patient is status post cervical fusion C4-C7, and bilateral shoulder surgery, on unspecified dates. The request is for CAPSAICIN CREAM. RFA with the request not provided. Patient's diagnosis on 06/03/15 includes cervical spine multilevel degenerative disc disease and degenerative joint disease, spondylosis anteriorly and posteriorly, chronic cervical spine sprain/strain, cervical radiculitis, and adhesive capsulitis right shoulder. Physical examination on 06/06/15 revealed tenderness to palpation over cervicotracheal ridge and over the facet joints. Mild C6 radiculopathy noted. Range of motion decreased and painful to neck and bilateral shoulders. Treatment to date has included pool therapy, physical therapy, home exercise program, and medications. Patient's medications include Ultram and Norco. The patient is temporarily very disabled. MTUS Guidelines, pages 28-29 states: "Recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations: Capsaicin is generally available as a 0.025% formulation as a treatment for osteoarthritis and a 0.075% formulation primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful -alone or in conjunction with other modalities- in patients whose pain has not been controlled successfully with conventional therapy." Treater has not provided reason for the request, nor indicated body part to be treated. Provided medical records do not indicate this patient is intolerant to other treatments such as oral medications, and treater has not documented efficacy of requested capsaicin cream, either. Furthermore, the request as written does not specify the concentration of capsaicin. Guidelines do not support greater than 0.025% formulation. Additionally, the requested quantity has not been indicated. Therefore, the request IS NOT medically necessary.