

Case Number:	CM15-0163668		
Date Assigned:	08/31/2015	Date of Injury:	06/26/2013
Decision Date:	10/06/2015	UR Denial Date:	08/08/2015
Priority:	Standard	Application Received:	08/20/2015

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, Hawaii
 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 58 year old female who sustained an injury on 6-26-13 resulting from repetitive duties such as operating the machine; sewing and cutting material; hanging clothes on racks; lifting and carrying clothing weighing up to 5-10 pounds. She experienced pain in her right shoulder, neck, and right hand. Treatment included physical therapy for the neck, right shoulder and right hand; acupuncture, 2-3 cortisone injections provided relief for a few days. Diagnostic tests included MRI cervical spine, right shoulder, and electromyogram diagnostic studies on the upper extremities. Diagnoses include cervical spine multi-level disc herniation; right shoulder internal derangement, tendinitis and impingement syndrome; right third and fourth finger sprain, strain. The IW states that after 4-5 acupuncture treatments that she was feeling 10% to 15% better with the treatments. She continues to have significant amount of discomfort when she performs repetitive activities such as reaching, pulling or pushing especially at the shoulder level. Arthroscopic surgery to the right shoulder was performed on 8-26-14 and as noted in the progress report from 12-1-14 the IW was attending physical therapy and doing at home exercises. Medications prescribed were Motrin 600 mg twice a day, Zantac 150 mg twice a day. The work status is partially disabled with restrictions of working only 4 hours per day with no overhead working activities. On 3-19-15 the PR2 is requesting chiropractic therapy two times weekly for two weeks to reduce muscle spasms; stiffness in the upper extremity and flare up right shoulder muscle spasms. The IW reports increased pain and stiffness in the neck on the right side, the shoulder pain is less and feels stronger. The pain is rated 5 out of 10. Chiropractic treatment is also requested on the 4-16-15 evaluation. An orthopedic evaluation on 7-10-15

reports symptoms of low back pain was radiating into the right leg; bilateral shoulder pain with right hand pain radiating in to the right hand. These symptoms have continued despite anti-inflammatories, physical therapy, injections and right shoulder surgery. Medications include Omeprazole, Levothyroxine, Lovastatin, and Ibuprofen. The examination reveals normal lordosis; flexion is 50, 50 degrees and extension is 60, 60 degrees; rotation to the left is 80, 80 degrees and rotation to the right is 80, 80 degrees; there is no tenderness to palpation over the spinous processes. There is positive Spurling's sign. The MRI of the right shoulder shows postoperative changes but no rupture of the rotator cuff; cervical MRI reports C3 to C4 disc herniation. It was recommended that cervical discectomy and fusion since the IW has failed conservative treatment with anti-inflammatories, physical therapy for years. Current requested treatments physical therapy for the right shoulder 2 x a week for 4 weeks; pain management evaluation x 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right shoulder 2x a week for 4 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy.

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

Decision rationale: The patient presents with neck pain radiating to the right hand and arm. She also complains of right arm/ hand/ finger pain. The current request is for Physical Therapy for the right shoulder 2 times a week for 4 weeks. The treating physician's report dated 07/29/2015 (75B) states, "PT Medical Necessity Treatment Goals: Increase ROM / flexibility, increased strength, increase function and reduce spasm." The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The patient is not post-surgical. Physical therapy reports were not made available for review. In this case, given the patient's symptoms a short course of physical therapy is supported by the guidelines. The current request is medically necessary.

Pain management evaluation x1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, page 127.

Decision rationale: The patient presents with neck pain radiating to the right hand and arm. She also complains of right arm/ hand/ finger pain. The current request is for Pain Management Evaluation x 1. The treating physician's report dated 07/29/2015 states, "I recommended a consultation with a qualified pain management specialist. Referral Reason: chronic neck pain and acute numbness and tingling in arms/finger." The ACOEM Guidelines Chapter 7 page 127

states that a health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the pain and course of care may benefit from additional expertise. In this case, the physician would like the expertise of a pain management doctor in order to properly treat the patient's chronic neck pain and acute numbness and tingling in the arms and finger. The current request is medically necessary.