

Case Number:	CM15-0180894		
Date Assigned:	09/22/2015	Date of Injury:	05/02/2013
Decision Date:	10/27/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/14/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 59 year old female, who sustained an industrial-work injury on 5-2-13. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spine musculoligamentous injury, right shoulder pain and right shoulder history of surgery dated 11-12-13. Medical records dated (5-20-15 to 8-5-15) indicate that the injured worker complains of constant sharp pain in the cervical spine associated with radiation of pain, numbness and weakness. The injured worker complains of increased cervical spine pain secondary to right shoulder injury. The medical records also indicate worsening of the activities of daily living due to pain. Per the treating physician report dated 8-5-15, the injured worker has not returned to work. The physical exam dated (6-24-15 to 8-5-15) reveals tenderness and spasm upon palpation of the cervical spine, range of motion of the cervical spine is limited. There is positive Soto hall test. There is tenderness to palpation of the right shoulder and the range of motion is limited. There is a positive Neer test. There is no physical therapy sessions noted in the records. Treatment to date has included pain medication including Naproxen and Pantoprazole noted on medical record dated 8-5-15, Tramadol and Cyclobenzaprine noted on medical record dated 5-20-15, physical therapy at least 8 sessions, activity modifications, off work, and other modalities. The Magnetic Resonance Imaging (MRI) of the right shoulder dated 8-31-13 reveals partial thickness tear, moderate arthrosis of the acromioclavicular joint (AC) and mild fluid and synovial thickening in the subacromial bursa compatible with bursitis. The request for authorization date was 8-11-15 and requested services included Pain Management consultation and Physical therapy 2 times per week for 4 weeks. The original Utilization review dated 8-24-

15 non-certified the request for Pain Management consultation as there is no clear clinical rationale for a pain management evaluation and he is not prescribed opioids for which pain management oversight would be necessary. The request for physical therapy 2 times per week for 4 weeks is non-certified as there is no evidence of progressive functional benefit with the recent physical therapy sessions, there is no evidence of an exacerbation or significant functional decline that would support medical necessity per the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management consultation: Overturned

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7: Independent Medical Examinations and Consultations, p127.

Decision rationale: The claimant sustained a work injury in May 2013. In May 2015, she was having constant bilateral shoulder pain with radiating symptoms and weakness. She was having ongoing sharp pain in her feet. She was having neck pain with radiating symptoms, numbness, and weakness. Physical examination findings included decreased cervical spine range of motion with tenderness and spasms. There was right shoulder tenderness with decreased range of motion. Impingement testing was positive. There was tenderness and spasm of both feet. Physical therapy for eight sessions was requested. In June 2015, she was receiving physical therapy treatments. MRI scans of the cervical spine and right shoulder were requested. An MRI of the right shoulder on 07/21/15 showed findings of postsurgical changes and subacromial bursitis. There was mild osteoarthritis of the glenohumeral joint. When seen in August 2015, she was having increasing cervical pain attributed to her right shoulder injury. There was cervical spine tenderness with spasms and decreased range of motion. Soto Hall testing was positive. There was right shoulder tenderness with decreased range of motion. Authorization for eight sessions of physical therapy and a pain management consultation were requested. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant likely has multifactorial pain with a history of shoulder surgery without new injury. She may have pain from shoulder impingement, myofascial pain with a trigger point(s) or pain due to cervical radiculitis. An injection or other treatment might be an option in the claimant's care and the consultation may direct further evaluation if needed. Requesting a referral to pain management is appropriate and medically necessary.

Physical therapy 2 times per week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in May 2013. In May 2015, she was having constant bilateral shoulder pain with radiating symptoms and weakness. She was having ongoing sharp pain in her feet. She was having neck pain with radiating symptoms, numbness, and weakness. Physical examination findings included decreased cervical spine range of motion with tenderness and spasms. There was right shoulder tenderness with decreased range of motion. Impingement testing was positive. There was tenderness and spasm of both feet. Physical therapy for eight sessions was requested. In June 2015, she was receiving physical therapy treatments. MRI scans of the cervical spine and right shoulder were requested. An MRI of the right shoulder on 07/21/15 showed findings of postsurgical changes and subacromial bursitis. There was mild osteoarthritis of the glenohumeral joint. When seen in August 2015, she was having increasing cervical pain attributed to her right shoulder injury. There was cervical spine tenderness with spasms and decreased range of motion. Soto Hall testing was positive. There was right shoulder tenderness with decreased range of motion. Authorization for eight sessions of physical therapy and a pain management consultation were requested. In this case, there is no new injury and claimant has been receiving physical therapy. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits. Providing the number of requested additional skilled physical therapy services is in excess of what might be needed to finalize the claimant's home exercise program and would not reflect a fading of skilled treatments. No new therapeutic content is being requested. The request is not medically necessary.