

Case Number:	CM15-0184611		
Date Assigned:	09/25/2015	Date of Injury:	03/11/2015
Decision Date:	11/02/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/21/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 54 year old female, who sustained an industrial-work injury on 3-11-15. She reported initial complaints of head-neck, back, and left arm pain. The injured worker was diagnosed as having sprain of neck, lumbosacral neuritis, sprain of lumbar region, contusion of knee, weakness, sprain of shoulder-arm, and brachial neuritis. Treatment to date has included medication and diagnostics. MRI results were reported on 7-1-15 of the left shoulder notes acromioclavicular osteoarthritis, no evidence of fracture or malalignment, thickening of the supraspinatus, infraspinatus and subscapularis tendons is seen at the insertions, consistent with tendinosis. Currently, the injured worker complains of constant severe dull neck pain, stiffness, heaviness, and numbness radiating to the head, constant severe dull upper-mid back pain, frequent severe dull low back pain and stiffness radiating to the left leg, and frequent severe achy left shoulder pain, stiffness, and weakness radiating to whole left arm to fingers with weakness. Per the primary physician's progress report (PR-2) on 8-10-15, exam notes dermatome sensation is intact and equal in both upper and lower extremities, left toe motor strength is 4+ out of 5, DTR (deep tendon reflexes) are normal. Cervical region has 3+ tenderness to palpation of the cervical paravertebral muscles and bilateral trapezii with muscle spasm, shoulder depression causes pain. The thoracic area has 3+ paravertebral tenderness and spasm. The lumbar area has 3+ tenderness in the paravertebral and bilateral SI joints. The left shoulder has 3+ tenderness of the anterior shoulder, posterior shoulder, acromioclavicular joint and trapezius with muscle spasms, Neer's and Hawkin's causes pain. The Request for Authorization requested service to include Range of motion testing of left shoulder and lumbar

spine, Follow up office visit with primary care physician, and Physical therapy to left shoulder and lumbar spine 2-3 times a week for 6 weeks. The Utilization Review on 8-27-15 denied the request for include Range of motion testing of left shoulder and lumbar spine, Follow up office visit with primary care physician, and Physical therapy to left shoulder and lumbar spine 2-3 times a week for 6 weeks , per ACOEM (American College of Occupational and Environmental Medicine), Shoulder Disorders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of motion testing of left shoulder and lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Flexibility.

Decision rationale: Pursuant to the Official Disability Guidelines, range of motion testing of left shoulder and lumbar spine is not medically necessary. Computerized range of motion (flexibility) is not recommended as a primary criterion, but should be part of a routine musculoskeletal evaluation. The relation between lumbar range of motion measures and functional abilities were nonexistent. This has implications for clinical practice as it relates to disability determinations for patients with chronic low back pain. In this case, the injured worker's working diagnoses are left shoulder sprain strain and lumbosacral sprain strain. Date of injury is March 11, 2015. Request for authorization is July 27, 2015. According to a July 27, 2015 progress note, the workers subject of complaints include neck pain 8/10, low back pain, left arm, trapezius, left shoulder, left me and left ankle pain. Injured worker is receiving chiropractic treatments and will be starting physical therapy. The worker is reportedly engaged in a home exercise program. There is no documentation of prior physical therapy and medical record. The treating provider is referring the patient to a hand surgeon, physical therapy, pain management provider and the left shoulder arthrogram. Range of motion testing is not recommended. Computerized range of motion (flexibility) is not recommended as a primary criterion, but should be part of a routine musculoskeletal evaluation. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and guideline non-recommendations based on range of motion being part of a routine musculoskeletal evaluation, range of motion testing of left shoulder and lumbar spine is not medically necessary.

Follow up office visit with primary care physician: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Office visits.

Decision rationale: Pursuant to the Official Disability Guidelines, follow-up office visit with primary care physician is not medically necessary. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines as opiates or certain antibiotics require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. Determination of necessity for an office visit requires individual case review and reassessment being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. In this case, the injured worker's working diagnoses are left shoulder sprain strain and lumbosacral sprain strain. Date of injury is March 11, 2015. Request for authorization is July 27, 2015. According to a July 27, 2015 progress note, the workers subject of complaints include neck pain 8/10, low back pain, left arm, trapezius, left shoulder, left me and left ankle pain. Injured worker is receiving chiropractic treatments and will be starting physical therapy. The worker is reportedly engaged in a home exercise program. There is no documentation of prior physical therapy and medical record. The treating provider is referring the patient to a hand surgeon, physical therapy, pain management provider and the left shoulder arthrogram. The injured worker is being referred for multiple consultations and diagnostic procedures. There is no specific timeframe for completion. After completion of the consultations and diagnostic testing, a follow-up visit would be clinically indicated. At the present time however the timeframe cannot be estimated and a follow-up visit in 4 to 6 weeks is a random and not clinically indicated. The treating provider should request a follow-up visit upon completion of all tests and consultations. Based on clinical information the medical record, peer-reviewed evidence-based guidelines and a random follow-up visit in 4 to 6 weeks (not knowing whether all tests and consultations are completed), follow-up office visit with primary care physician is not medically necessary.

Physical therapy to left shoulder and lumbar spine 2-3 times a week for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Physical therapy Low back section, Physical therapy.

Decision rationale: Pursuant and to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy left shoulder and lumbar spine 2 to 3 times per week times six weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are left shoulder sprain strain and lumbosacral sprain strain. Date of injury is March 11, 2015. Request for authorization is July 27, 2015. According to a July 27, 2015 progress note, the workers subjective complaints include neck pain 8/10, low back

pain, left arm, trapezius, left shoulder, left knee and left ankle pain. Injured worker is receiving chiropractic treatments and will be starting physical therapy. The worker is reportedly engaged in a home exercise program. There is no documentation of prior physical therapy and medical record. The treating provider is referring the patient to a hand surgeon, physical therapy, pain management provider and the left shoulder arthrogram. The documentation does not reflect prior physical therapy, although the injured worker is engaged in a home exercise program. If the injured worker has not received physical therapy to date, a six visit clinical trial is clinically indicated. The treating provider requested physical therapy two to three times per week times six weeks. This exceeds the recommended guidelines for a stretched on his 46 with six visit clinical trial. In the alternative, if the injured worker received physical therapy according to the recommended guidelines, there are no compelling clinical facts indicating additional physical therapy is clinically warranted. Based on clinical information the medical record and the peer-reviewed evidence-based guidelines, physical therapy left shoulder and lumbar spine 2 to 3 times per week times six weeks is not medically necessary.