

Case Number:	CM15-0198526		
Date Assigned:	10/15/2015	Date of Injury:	06/03/2015
Decision Date:	11/23/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/08/2015

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 34 year old male, who sustained an industrial injury on 06-03-2015. He has reported injury to the neck, bilateral shoulders, low back, and bilateral knees. The diagnoses have included cervical spine sprain-strain; lumbar spine sprain-strain; bilateral knee sprain-strain; bilateral shoulder sprain-strain; and rule out bilateral shoulder internal derangement. Treatment to date has included medications, diagnostics, heat, activity modification, and physical therapy. Medications have included Norco. A progress note from the treating physician, dated 08-18-2015, documented a follow-up visit with the injured worker. The injured worker reported occasional pain in his frontal head, which he describes as dizziness, and rated 3-4 out of 10 in intensity; constant pain in his bilateral left great than right hand, which is described as numbness, tingling, and cramping, and is rated at 5-6 out of 10 in intensity; constant pain in his bilateral right greater than left shoulder, which he describes as aching, popping, and discomfort, and rated at 8-9 out of 10 in intensity; constant pain in his neck which he describes as aching, stiffness, and tingling, and rated at 8 out of 10 in intensity; constant pain in his lower back which he describes as aching and stiffness, and rated as 6 out of 10 in intensity; constant pain in his legs traveling to both knees which he describes as aching and weakness, and rated as 9 out of 10 in intensity; and he has been undergoing physiotherapy which was temporarily helpful, however the pain levels have increased. Objective findings included moderate tenderness to palpation at the acromioclavicular joint, anterior labrum, and supraspinatus in the right shoulder; there is slight tenderness on the left shoulder; Hawkins-Kennedy and impingement maneuver are positive on the right shoulder; palpation reveals slight paraspinal tenderness, muscle guarding, and spasms

bilaterally at the C1-C2 through C7-T1 levels; foraminal compression test is positive on both sides; palpation reveals mild paraspinal tenderness and spasm bilaterally at the T12-L1 through L5-S1, and S1 levels; and palpation of the knees reveals nonspecific tenderness. The treatment plan has included the request for MRI right shoulder; aquatic therapy x 12-18 sessions; and acupuncture x 12. The original utilization review, dated 09-28-2015, non-certified the request for MRI right shoulder; and aquatic therapy x 12-18 sessions; and modified the request for acupuncture x 12, to acupuncture x 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

Decision rationale: Guidelines state routine MRI is not recommended without surgical indication such as clinical findings of rotator cuff tear. It may be supported for patients with limitations of activity after four weeks and unexplained physical findings, such as effusion or localized pain (especially following exercise), imaging may be indicated to clarify the diagnosis and assist reconditioning; however, this has not been demonstrated with lack of neurological deficits. Criteria for ordering imaging studies such include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination. Unequivocal findings that identify specific instability or joint compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the MRI. There is no demonstrated failed conservative treatment for this June 2015 as the patient has current request with modification for treatment pending. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI right shoulder is not medically necessary and appropriate.

Aquatic therapy x 12-18 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

Decision rationale: Aquatic Therapy does not seem appropriate as the patient has received land-based Physical therapy. There is no records indicating intolerance of treatment, incapable of making same gains with land-based program nor is there any medical diagnosis or indication to require Aqua therapy at this time. The patient is not status-post recent lumbar or knee surgery nor is there diagnosis of morbid obesity requiring gentle aquatic rehabilitation with passive modalities and should have the knowledge to continue with functional improvement with a Home exercise program. The patient has completed formal sessions of PT and there is nothing submitted to indicate functional improvement from treatment already rendered. There is no report of new acute injuries that would require a change in the functional restoration program. There is no report of acute flare-up and the patient has been instructed on a home exercise program for this injury. Per Guidelines, physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. Submitted reports have not adequately demonstrated the indication to support for the pool therapy. The Aquatic therapy x 12-18 sessions is not medically necessary and appropriate.

Acupuncture x 12: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Review indicates acupuncture request was modified for 6 sessions in September. MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. It appears the patient has received 6 acupuncture sessions this injury that is within the guidelines recommended initial trial sessions. Submitted reports have not demonstrated the medical indication to support for additional acupuncture sessions as there are no specific objective changes in clinical findings, no report of acute flare-up or new injuries, nor is there any decrease in medication usage as the patient continues to treat. The Acupuncture x 12 is not medically necessary and appropriate.