

Case Number:	CM15-0221526		
Date Assigned:	11/17/2015	Date of Injury:	06/15/2013
Decision Date:	12/30/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	11/11/2015

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 56-year-old male, who sustained an industrial injury on June 15, 2013. The injured worker was diagnosed as having cervical spine radiculopathy, right shoulder biceps tendinitis, impingement, acromioclavicular joint arthrosis and rotator cuff syndrome. Treatment to date has included medications, physical therapy, steroid injection with benefit, acupuncture, topical cream, transcutaneous electrical nerve stimulation unit, home ice and exercise. On October 13, 2015, the injured worker complained of cervical spine pain rated a 3-5 on a 1-10 pain scale. He reported more pain with sudden movements. Physical examination revealed tenderness over the trapezius right side tenderness over the levator scapular. A right shoulder exam with revealed limited range of motion with pain. Hawkins test was positive. The treatment plan included medications, home exercises, home ice program, internist evaluation, physical therapy and a follow-up visit. On October 27, 2015, utilization review denied a request for physical therapy two times a week for four weeks for the cervical spine and internist consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times a week for four weeks for the cervical spine: Upheld

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

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 June 2013 when he fell in the gap between a truck and loading dock injuring his right side. In August 2015, the requesting provider saw him for an initial evaluation. Treatments had included approximately 13 physical therapy sessions, TENS, topical creams, an injection, and he was current receiving acupuncture. A continued home exercise program for the shoulder and 8 sessions of physical therapy for his neck were requested. An acupuncturist saw him the next day, having been referred for physiotherapy. He was diagnosed with right shoulder adhesive capsulitis and treatments were planned 2 times per week for 6 weeks. When seen in October 2015, complaints included intermittent daily neck pain with sudden movements. He was performing a daily home exercise program. He was having constant right shoulder pain and using ice, taking naproxen and tramadol, and was also performing a daily home exercise program. Physical examination findings included right trapezius muscle tenderness. There was mild levator scapular and interscapular tenderness. There was no posterior cervical muscle tenderness. There was decreased and painful right shoulder range of motion with biceps and acromioclavicular joint tenderness and positive Hawkin's testing. Physical therapy for the cervical spine and in internist evaluation and treatment for hypertension were requested. The claimant is being treated for chronic pain with no new injury to the cervical spine. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to determine whether continuation of physical therapy was needed or likely to be effective. When the request was made, no cervical spine impairment was documented and the claimant was already performing a daily home exercise program for the cervical spine. The request is not medically necessary.

Internist consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 7 independent medical evaluation and consultation.

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 June 2013 when he fell in the gap between a truck and loading dock injuring his right side. In August 2015, the requesting provider saw him for an initial evaluation. Treatments had included approximately 13 physical therapy sessions, TENS, topical creams, an injection, and he was current receiving acupuncture. A

continued home exercise program for the shoulder and 8 sessions of physical therapy for his neck were requested. An acupuncturist saw him the next day, having been referred for physiotherapy. He was diagnosed with right shoulder adhesive capsulitis and treatments were planned 2 times per week for 6 weeks. When seen in October 2015, complaints included intermittent daily neck pain with sudden movements. He was performing a daily home exercise program. He was having constant right shoulder pain and using ice, taking naproxen and tramadol, and was also performing a daily home exercise program. Physical examination findings included right trapezius muscle tenderness. There was mild levator scapular and interscapular tenderness. There was no posterior cervical muscle tenderness. There was decreased and painful right shoulder range of motion with biceps and acromioclavicular joint tenderness and positive Hawkin's testing. Physical therapy for the cervical spine and in internist evaluation and treatment for hypertension were requested. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, when the request was made, blood pressure readings were not recorded and there was no diagnosis of hypertension. Additionally, authorization for treatment is also being requested and without the results of an evaluation, requesting authorization for unknown treatments is not appropriate. The requested internist evaluation is not medically necessary.