

<b>Case Number:</b>	CM15-0032494		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	09/21/2004
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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, 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 male patient, who sustained an industrial injury on 09/21/2014. An orthopedic follow up visit dated 01/07/2015 reported a chief complaint of neck, low back, bilateral shoulders and bilateral hands with pain. The pain is described as aching, burning and stabbing sensations accompanied by parasthesias. Since the last examination, the patient stated having had fallen twice secondary to significant left hip pain and weakness to the lower extremities. He is still also having difficulty with his asthma. The following diagnoses are applied; elbow epicondylitis; bilateral shoulder right greater, impingement; cervical discopathy C5-6; lumbar strain/sprain; lumbar spine discopathy; bilateral carpal tunnel syndrome, anxiety, depression and asthma. A request was made for a pulmonology consultation, a magnetic resonance imaging of right shoulder; physical therapy 8 sessions treating cervical spine, 8 sessions treating lumbar spine and 8 sessions treating bilateral hips. On 01/27/2015, Utilization Review, non-certified the request, noting the CA MTUS, Consultations, physical therapy, and ACOEM Magnetic Resonance Imaging were cited. On 02/20/2015, the injured worker submitted an application for independent medical review of services requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pulmonologist consult:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): Chapter 7, Page 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Office visits.

**Decision rationale:** Pursuant to the ACOEM and the Official Disability Guidelines, pulmonologist consultation is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. 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 medications such as opiates for certain antibiotics require close monitoring. In this case, the injured worker's working diagnoses are elbow epicondylitis; bilateral shoulder right way to the left impingement; cervical discopathy C-5 - C6; lumbar sprain/strain; lumbar spine discopathy; bilateral carpal tunnel syndrome; anxiety; Depression; and asthma. The documentation shows the injured worker developed work related asthma secondary to chemical exposure. Progress notes from September 2014 and October 2014 do not contain any subjective or objective clinical findings of asthma exacerbation. In November 2014, the injured worker was seen at the emergency room with increased symptoms due to asthma. In December 2014 there were no subjective or objective complaints of asthma. Additionally, a chest x-ray was ordered and performed and the results were not present in the medical record. Pulmonary function tests were ordered, but the results were not present in the medical record. The injured worker was seen on January 7, 2015. There was no clinical indication for referral to a pulmonologist. There was no clinical indication documented in the medical record. There is no discussion of shortness of breath or wheezing in the medical record. There were no vital signs, no respiratory rate, no pulse oximetry and no physical examination of the lungs in the January 7, 2015 progress note. Based on the available evidence in the medical record, the request for authorization dated January 20, 2014, in the absence of an exacerbation of asthma symptoms, pulmonologist consultation is not clinically indicated. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. Consequently, absent clinical documentation within exacerbation or uncontrolled symptoms of asthma that would aid in the diagnosis, prognosis and therapeutic management of this patient, pulmonology consultation is not medically necessary.

**MRI right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Indications for Imaging.

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

**Decision rationale:** Pursuant to the Official Disability Guidelines, MRI right shoulder is not medically necessary. MRI and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. The indications for magnetic resonance imaging are rated in the Official Disability Guidelines. They include, but are not limited to, acute shoulder trauma, suspect rotator cuff tear/impingement, over the age of 40, normal plain radiographs; subacute shoulder pain, suspect instability/labral tear; repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and or findings suggestive of significant pathology. In this case, the injured worker's working diagnoses are elbow epicondylitis; bilateral shoulder impingement; cervical discopathy C-5 - C6; lumbar sprain/strain; lumbar spine discopathy; bilateral carpal tunnel syndrome; anxiety; depression; and asthma. The treating physician indicated the injured worker did not have an MRI of the right shoulder previously performed (according to the treating physician). However, a review of the medical record showed an MRI right shoulder dated June 17, 2014 was performed. It showed a high-grade partial thickness tear the rotator cuff involving the posterior aspect of the supraspinatus, partial thickness tear and of the remainder of the supraspinatus. Currently full thickness tear, retraction or atrophy is not identified. Physical examination, from the most recent progress and of the medical record dated January 2014, showed a positive impingement sign (not a new clinical finding) and no instability of the shoulder on physical examination. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and or findings suggestive of significant pathology. There are no new significant symptoms or objective findings suggestive of significant pathology. Consequently, absent clinical documentation with new significant clinical symptoms and/or objective findings digestive of significant pathology, repeat MRI right shoulder is not medically necessary.

**Physical therapy cervical spine (x8): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy cervical spine times 8 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 elbow epicondylitis; bilateral shoulder right way to the left impingement; cervical discopathy C-5 - C6; lumbar sprain/strain; lumbar spine discopathy; bilateral carpal tunnel syndrome; anxiety; depression; and asthma. The documentation in the medical record indicates the injured worker received physical

therapy at the cervical spine but was not effective. There is no documentation of a recent exacerbation. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. There are no compelling clinical facts in the medical record indicating additional physical therapy to the cervical spine is clinically indicated. Consequently, absent clinical documentation with objective functional improvement from prior physical therapy and compelling clinical facts to warrant additional physical therapy, physical therapy cervical spine times eight is not necessary.

**Physical therapy lumbar spine (x8): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy lumbar spine times 8 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 elbow epicondylitis; bilateral shoulder right way to the left impingement; cervical discopathy C-5 - C6; lumbar sprain/strain; lumbar spine discopathy; bilateral carpal tunnel syndrome; anxiety; depression; and asthma. The documentation in the medical record indicates the injured worker received prior physical therapy to the lumbar spine. There was no documentation in the medical record indicating objective functional improvement. Recent physical examination did not show any flare up of symptoms referable to the lumbar spine. There was no discussion of weakness or tenderness or neurologic deficit in or about the lower back and lower extremities. When treatment duration and/or number of visits exceeded the guideline, exceptional factors should be noted. There were no compelling clinical facts in the medical record to indicate additional physical therapy is clinically indicated. Consequently, absence clinical documentation with objective functional improvement of prior physical therapy to the lumbar spine, physical therapy lumbar spine times eight is not medically necessary.

**Physical therapy bilateral hips (x8): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy bilateral hips times 8 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 elbow epicondylitis; bilateral shoulder right way to the left impingement; cervical discopathy C-5 - C6; lumbar sprain/strain; lumbar spine discopathy; bilateral carpal tunnel syndrome; anxiety; depression; and asthma. There is no prior documentation the injured worker received physical therapy to the hips. The narrative states the injured worker has fallen twice since the last visit secondary to left hip weakness pain in the lower extremities. The progress note dated January 7, 2015 did not include a physical examination of the hips, diagnoses related to the hips, and the clinical rationale as to the purpose of physical therapy to the hips. Additionally, the guidelines recommend 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). The treating physician requested eight sessions of physical therapy. This is in excess the recommended guidelines. Consequently, absent clinical documentation with a clinical indication and rationale, physical examination of the hips and guideline recommendations of a six visit clinical trial, physical therapy bilateral hips times eight is not medically necessary.