

Case Number:	CM15-0032937		
Date Assigned:	02/26/2015	Date of Injury:	04/16/2004
Decision Date:	04/14/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/23/2015

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: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 (IW) is a 63-year-old female who sustained an industrial injury on 04/16/2004. She reported pain in her cervical spine and pain in the left knee. The injured worker was diagnosed as having exploration of fusion with revision fusion at C6-T1 (07/26/2013), Status post ACDF C3-T1 (09/20/2011), possible TM, Bilateral L5 spondylolysis, Bilateral knee arthralgia with internal derangement, bilateral shoulder subacromial impingement and bursitis, Chronic pain syndrome, Lumbar stenosis, degenerative disc disease of the thoracic spine. Treatment to date has included multiple cervical surgeries and 18 sessions of post-operative therapy. Currently, in the examination of 02/11/2015 the injured worker complains of shoulder pain that she feels is soreness related to her neck pain. The pain is described as a constant aching and throbbing radiating down the upper extremity to the elbow and fingertips accompanied by grip weakness. A surgery on the left shoulder in 2005 relieved her symptoms at that time. The plan of treatment at this time includes Physical Therapy twice (2) per week for three (3) weeks for the Left Shoulder and a Trigger Point Injection Left Shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy twice (2) per week for three (3) weeks for the Left Shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The request for more physical therapy is not medically necessary. The patient has already had an unknown amount of physical therapy sessions. As per MTUS guidelines, patients are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The recommended number of sessions for myalgias is 9-10 visits over 8 weeks, and for radiculitis is 8-10 visits over 4 weeks. There is no objective documentation of functional improvement and decrease in pain. She should be continuing a home exercise program at this point. Therefore, this request is considered not medically necessary.

Trigger Point Injection Left Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Criteria for use of diagnostic blocks for facet "mediated" pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines trigger point injections Page(s): 122.

Decision rationale: The trigger point injections are not medically necessary. According to MTUS guidelines, it is not recommended for radicular pain. The patient does not have documented failure from all conservative medical management therapies. The patient also had no documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. Therefore, the request is considered not medically necessary.