

Case Number:	CM15-0059074		
Date Assigned:	04/03/2015	Date of Injury:	03/21/2014
Decision Date:	05/11/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/27/2015

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:

This 57-year-old male sustained an industrial injury neck, right shoulder and right elbow on 3/21/14. Previous treatment included magnetic resonance imaging, x-rays, physical therapy, chiropractic therapy, acupuncture, transcutaneous electrical nerve stimulator unit and medications. In a PR-2 dated 2/27/15, the injured worker complained of constant neck, right shoulder and right elbow pain associated with numbness, aching and swelling. The injured worker also complained of fatigue, sleeplessness, exhaustion and anxiety. Current diagnoses included cervical spine sprain/strain, right shoulder sprain/strain with tendinitis and impingement, right elbow sprain/strain with lateral epicondylitis and sleep disorder. The treatment plan included chiropractic therapy twice a week for six weeks, physical therapy twice a week for six weeks, a pain management consultation and an occupational medicine evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consult: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

Decision rationale: The patient presents with neck, right shoulder and right elbow pain. The request is for PAIN MANAGEMENT CONSULT. The request for authorization is dated 02/27/15. MRI of the right shoulder, 10/03/14, shows mild impingement syndrome, tendinosis of the rotator cuff without a tear. MRI of the right elbow, 10/06/14, shows large amount of fluid in the joint space with tendinitis of the medial collateral ligament. MRI of the cervical spine, 10/07/14, shows C5-C6 dehiscence of the nucleus pulposus with a 2.5mm posterior disc protrusion indenting the anterior portion of the cervical subarachnoid space. NCS of the upper extremities, 01/15/15, shows carpal tunnel syndrome, mild neuroplasty, radiculopathy. The patient complains of fatigue, sleeplessness, exhaustion and anxiety. Physical examination reveals decreased sensory at C5-C7 on the right. Range of motion of the cervical spine is decreased, Range of motion of the shoulder is decreased. Per progress report dated, 02/27/15, the patient is to remain off work. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Treater does not discuss the request. It would appear that the current treater feels uncomfortable with the patient's medical issues and has requested a pain management consult. Given the patient's condition, the request for a consultation appears reasonable. Therefore, the request IS medically necessary.

Chiropractic treatment at 2 times per week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy pain outcomes and endpoints Page(s): 58-59, 8.

Decision rationale: The patient presents with neck, right shoulder and right elbow pain. The request is for CHIROPRACTIC TREATMENT AT 2 TIMES PER WEEK FOR 6 WEEKS. The request for authorization is dated 02/27/15. MRI of the right shoulder, 10/03/14, shows mild impingement syndrome, tendinosis of the rotator cuff without a tear. MRI of the right elbow, 10/06/14, shows large amount of fluid in the joint space with tendinitis of the medial collateral ligament. MRI of the cervical spine, 10/07/14, shows C5-C6 dehiscence of the nucleus pulposus with a 2.5mm posterior disc protrusion indenting the anterior portion of the cervical subarachnoid space. NCS of the upper extremities, 01/15/15, shows carpal tunnel syndrome, mild neuroplasty, radiculopathy. The patient complains of fatigue, sleeplessness, exhaustion and anxiety. Physical examination reveals decreased sensory at C5-C7 on the right. Range of motion of the cervical spine is decreased, Range of motion of the shoulder is decreased. Per progress report dated, 02/27/15, the patient is to remain off work. MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. MTUS page 8 also requires that the treater monitor the treatment progress to determine appropriate course of treatments. For manual therapy, the MTUS guidelines on page 59 states, "Delphi recommendations in effect incorporate two trials, with a total of up to 12 trial visits with a re-evaluation in the middle, before also continuing up to 12 more visits (for a total of up to 24)." Treater does not discuss the request. Chiropractic treatment history or reports is not provided. Per UR letter dated, 03/10/15,

reviewer notes, "patient has already received considerable chiropractic care to cure of relieve his symptoms." In this case, given patient's current condition, guidelines would allow for additional treatments. MTUS requires evidence of objective functional improvement. However, the treater does not provide discussion of objective functional improvement, decrease in pain and improvement of quality of life. Therefore, the request IS NOT medically necessary.

Physical therapy at 2 times per week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The patient presents with neck, right shoulder and right elbow pain. The request is for PHYSICAL THERAPY AT 2 TIMES PER WEEK FOR 6 WEEKS. The request for authorization is dated 02/27/15. MRI of the right shoulder, 10/03/14, shows mild impingement syndrome, tendinosis of the rotator cuff without a tear. MRI of the right elbow, 10/06/14, shows large amount of fluid in the joint space with tendinitis of the medial collateral ligament. MRI of the cervical spine, 10/07/14, shows C5-C6 dehiscence of the nucleus pulposus with a 2.5mm posterior disc protrusion indenting the anterior portion of the cervical subarachnoid space. NCS of the upper extremities, 01/15/15, shows carpal tunnel syndrome, mild neuroplasty, radiculopathy. The patient complains of fatigue, sleeplessness, exhaustion and anxiety. Physical examination reveals decreased sensory at C5-C7 on the right. Range of motion of the cervical spine is decreased, Range of motion of the shoulder is decreased. Per progress report dated, 02/27/15, the patient is to remain off work. MTUS Chronic Pain Management Guidelines, pages 98,99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended."Treater does not discuss the request. Physical therapy treatment history or reports is not provided. In this case, given the patient's condition, a short course of physical therapy would be indicated. However, the treater does not discuss any flare-ups, explain why on-going therapy is needed, or reason the patient is unable to transition into a home exercise program. Furthermore, the request for 12 sessions of physical therapy would exceeds what is recommended by MTUS for non-post-op conditions. Therefore, the request IS NOT medically necessary.