

Case Number:	CM15-0085219		
Date Assigned:	05/07/2015	Date of Injury:	12/12/2014
Decision Date:	07/10/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/04/2015

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 59 year old female, who sustained an industrial injury on 12/12/14. She has reported initial complaints of left shoulder injury after pulling a pallet that got caught on a metal lip and she kept pulling and heard a pop in her left shoulder. The diagnoses have included cervical strain/sprain, lumbar strain/sprain, left shoulder impingement syndrome rule out rotator cuff tear, left lateral epicondylitis, left wrist strain/sprain, and anxiety and depression. Treatment to date has included medications, moist heat, physical therapy and conservative care. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the left shoulder dated 1/30/15 that revealed findings consistent with a superior labral tear from anterior to posterior (SLAP) lesion. The left shoulder x-ray dated 12/15/14 revealed normal left shoulder. Currently, as per the physician progress note dated 3/27/15, the injured worker complains of frequent headaches with vertigo and neck pain that radiates to the left shoulder, left wrist hand and fingers associated with stiffness, decreased range of motion and sleeping difficulties. There is low back pain associated with numbness, tingling and stiffness, limited low back range of motion and sleeping difficulties. There is frequent aching left shoulder pain that radiates to the neck, left arm, left hand and fingers of the left hand associated with sleeping difficulties. The physical exam revealed cervical tenderness with palpation, positive impingement tests with exam of the left shoulder and limited active range of motion was noted, there is diffuse tenderness over the left arm, and there is mild tenderness over the radial joint of the left wrist. The physician treatment plan was for x-rays of the cervical spine, lumbar spine, left shoulder and left elbow to rule out any pathology with worsening symptoms and clear the injured worker for osseous manipulation and physical therapy to relieve pain and increase restricted range of

motion. The current medications included Naproxen and Omeprazole. Work status is temporarily totally disabled until 4/24/15. The physician requested treatments included Initial functional capacity evaluation, Psychologist referral, Left shoulder x-ray, Left elbow x-ray and Physical therapy 3 times a week for 4 weeks to neck, back, left shoulder and left elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial functional capacity evaluation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, Chapter 7, page 137-139, Functional capacity evaluations; Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, under Functional capacity evaluation (FCE).

Decision rationale: The patient presents on 03/27/15 with generalized headaches and associated vertigo, mid-line neck pain which radiates into the left upper extremity, lower back pain with associated numbness and tingling, and left shoulder pain and associated sleep disturbance. The patient's date of injury is 12/12/14. Patient has no documented surgical history directed at these complaints. The request is for INITIAL FUNCTIONAL CAPACITY EVALUATION. The RFA is dated 04/04/15. Physical examination dated 03/27/15 reveals tenderness to palpation of the cervical paraspinal muscles, positive Neer's and Hawkin's tests to the left shoulder, diffuse tenderness to palpation of the left arm/wrist. The patient is currently prescribed Lisinopril, Zoloft, Naproxen, Cyclobenzaprine, and Tramadol. Diagnostic imaging included MRI of the left shoulder dated 01/30/15, significant findings include: "evidence of signal abnormality and fluid interposition at the glenoid-labral junction involving the entire superior labrum consistent with a tear, degenerative subchondral cyst visualized in the supralateral aspect of the humeral head measuring 7mm." Diagnostic imaging also included left shoulder X-ray dated 12/15/14, with normal findings. Per 03/27/15 progress note, patient is classified as temporarily totally disabled through 04/24/15. Regarding functional capacity evaluation, ACOEM Guidelines Chapter page 137 states, "The examiner is responsible for determining whether the impairment results in functional limitations." The employer or claim administrator may request functional ability evaluations. There is no significant evidence to confirm that FCEs predict an individual's actual capacity to perform in a workplace. ODG Fitness For Duty, Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, under Functional capacity evaluation (FCE) states: "Recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. Not recommend routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally." In regard to the request for a functional capacity evaluation, this patient does not meet guideline criteria for such an evaluation. ACOEM and ODG do not support functional capacity evaluations solely to predict an individual's work capacity, unless the information obtained is crucial or requested by the adjuster/employer. The treating physician's assessment of the patient's limitations are as good as what can be obtained via an FCE. Therefore, the request IS NOT medically necessary.

Psychologist referral: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101. 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 on 03/27/15 with generalized headaches and associated vertigo, mid-line neck pain which radiates into the left upper extremity, lower back pain with associated numbness and tingling, and left shoulder pain and associated sleep disturbance. The patient's date of injury is 12/12/14. Patient has no documented surgical history directed at these complaints. The request is for PSYCHOLOGIST REFERRAL. The RFA is dated 04/04/15. Physical examination dated 03/27/15 reveals tenderness to palpation of the cervical paraspinal muscles, positive Neer's and Hawkin's tests to the left shoulder, diffuse tenderness to palpation of the left arm/wrist. The patient is currently prescribed Lisinopril, Zoloft, Naproxen, Cyclobenzaprine, and Tramadol. Diagnostic imaging included MRI of the left shoulder dated 01/30/15, significant findings include: "evidence of signal abnormality and fluid interposition at the glenoid-labral junction involving the entire superior labrum consistent with a tear, degenerative subchondral cyst visualized in the supralateral aspect of the humeral head measuring 7mm." Diagnostic imaging also included left shoulder X-ray dated 12/15/14, with normal findings. Per 03/27/15 progress note, patient is classified as temporarily totally disabled through 04/24/15. MTUS Chronic Pain Medical Treatment Guidelines page 100-101 for Psychological evaluations, states these are recommended for chronic pain problems. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, Independent Medical Examination and Consultations, page 127 states: 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. In regard to this consultation with a psychiatrist for this patient's depression and anxiety secondary to chronic pain, the request is appropriate. There is no evidence in the documentation provided that this patient has received psychological care to date. MTUS guidelines support psychiatric evaluation and treatment for chronic pain, and ACOEM guidelines indicate that providers are justified in seeking additional expertise in cases where the course of care could benefit from a specialist. Given this patient's continuing pain symptoms, current medication profile, and depression, further consultation with a psychiatrist/psychologist could produce significant benefits. Therefore, the request IS medically necessary.

Left shoulder x-ray: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Shoulder chapter, under Radiography.

Decision rationale: The patient presents on 03/27/15 with generalized headaches and associated vertigo, mid-line neck pain which radiates into the left upper extremity, lower back pain with associated numbness and tingling, and left shoulder pain and associated sleep disturbance. The patient's date of injury is 12/12/14. Patient has no documented surgical history directed at these complaints. The request is for LEFT SHOULDER X-RAY The RFA is dated 04/04/15. Physical examination dated 03/27/15 reveals tenderness to palpation of the cervical paraspinal muscles, positive Neer's and Hawkin's tests to the left shoulder, diffuse tenderness to palpation of the left arm/wrist. The patient is currently prescribed Lisinopril, Zoloft, Naproxen, Cyclobenzaprine, and Tramadol. Diagnostic imaging included MRI of the left shoulder dated 01/30/15, significant findings include: "evidence of signal abnormality and fluid interposition at the glenoid-labral junction involving the entire superior labrum consistent with a tear, degenerative subchondral cyst visualized in the supralateral aspect of the humeral head measuring 7mm." Diagnostic imaging also included left shoulder X-ray dated 12/15/14, with normal findings. Per 03/27/15 progress note, patient is classified as temporarily totally disabled through 04/24/15. ODG Shoulder chapter, under Radiography states: "Recommended as indicated below. The acutely traumatized shoulder should be imaged with plain films that are orthogonal to each other. Shoulder arthrography is still the imaging "gold standard" as it applies to full-thickness rotator cuff tears, with over 99% accuracy, but this technique must be learned, so it is not always recommended. Plain radiographs should be routinely ordered for patients with chronic shoulder pain, including anteroposterior, scapular Y, and axillary views. Radiographs of the acromioclavicular joint can be difficult to interpret because osteoarthritis of this joint is common by the age of 40 to 50 years. Indications for imaging Plain radiographs: Acute shoulder trauma, rule out fracture or dislocation, Acute shoulder trauma, questionable bursitis, blood calcium (Ca+)/approximately 3 months duration, first study." In regard to the repeat X-ray of the left shoulder, the patient does not meet guideline criteria. This patient had an X-ray of the left shoulder on 12/15/14 with no significant findings, and an MRI of the left shoulder on 01/30/15 with evidence of a labral tear. The provider is requesting a repeat X-ray given that this patient's shoulder pain has failed to resolve, though has not documented any significant recent trauma or neurological deficit. ODG does not support repeat X-rays in the absence of red flags - even if the pain has persisted despite conservative measures - owing to the risk of false positives which are not the source of the complaint. Without documentation of red flags or neurological deficit in the upper extremities, repeat imaging cannot be substantiated. The request IS NOT medically necessary.

Left elbow x-ray: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Elbow chapter, under Radiography.

Decision rationale: The patient presents on 03/27/15 with generalized headaches and associated vertigo, mid-line neck pain which radiates into the left upper extremity, lower back pain with associated numbness and tingling, and left shoulder pain and associated sleep disturbance. The patient's date of injury is 12/12/14. Patient has no documented surgical history directed at these

complaints. The request is for LEFT ELBOW X-RAY. The RFA is dated 04/04/15. Physical examination dated 03/27/15 reveals tenderness to palpation of the cervical paraspinal muscles, positive Neer's and Hawkin's tests to the left shoulder, diffuse tenderness to palpation of the left arm/wrist. The patient is currently prescribed Lisinopril, Zoloft, Naproxen, Cyclobenzaprine, and Tramadol. Diagnostic imaging included MRI of the left shoulder dated 01/30/15, significant findings include: "evidence of signal abnormality and fluid interposition at the glenoid-labral junction involving the entire superior labrum consistent with a tear, degenerative subchondral cyst visualized in the supralateral aspect of the humeral head measuring 7mm." Diagnostic imaging also included left shoulder X-ray dated 12/15/14, with normal findings. Per 03/27/15 progress note, patient is classified as temporarily totally disabled through 04/24/15. ODG Elbow chapter, under Radiography has the following: "Recommended as indicated below. Radiographs are required before other imaging studies and may be diagnostic for osteochondral fracture, osteochondritis dissecans, and osteocartilaginous intra-articular body. (ACR, 2001) Those patients with normal extension, flexion and supination do not require emergent elbow radiographs." In regard to the request for what appears to be this patient's first X-ray of the left elbow, the patient does not meet guideline criteria. Physical examination findings of the left elbow dated 03/27/15, does not reveal any abnormal findings, only diffuse tenderness to the left arm, no positive provocative tests of the left elbow, and normal range of motion of the left elbow joint. Without examination findings indicative of a loss of range of motion, suspicion of fracture, or other red flags, such imaging cannot be substantiated. The request IS NOT medically necessary.

Physical therapy 3 times a week for 4 weeks to neck, back, left shoulder and left elbow:
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 rationale: The patient presents on 03/27/15 with generalized headaches and associated vertigo, mid-line neck pain which radiates into the left upper extremity, lower back pain with associated numbness and tingling, and left shoulder pain and associated sleep disturbance. The patient's date of injury is 12/12/14. Patient has no documented surgical history directed at these complaints. The request is for PHYSICAL THERAPY 3X WEEK/4 WEEKS (NECK, BACK, LT SHOULDER, LT ELBOW). The RFA is dated 04/04/15. Physical examination dated 03/27/15 reveals tenderness to palpation of the cervical paraspinal muscles, positive Neer's and Hawkin's tests to the left shoulder, diffuse tenderness to palpation of the left arm/wrist. The patient is currently prescribed Lisinopril, Zoloft, Naproxen, Cyclobenzaprine, and Tramadol. Diagnostic imaging included MRI of the left shoulder dated 01/30/15, significant findings include: "evidence of signal abnormality and fluid interposition at the glenoid-labral junction involving the entire superior labrum consistent with a tear, degenerative subchondral cyst visualized in the supralateral aspect of the humeral head measuring 7mm." Diagnostic imaging also included left shoulder X-ray dated 12/15/14, with normal findings. Per 03/27/15 progress note, patient is classified as temporarily totally disabled through 04/24/15. MTUS page 98 and 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 page 98 and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10

visits are recommended. In regard to the request for an additional 12 sessions of physical therapy for this patient's neck, back, left shoulder, and left elbow, the provider has exceeded guideline recommendations. This patient has undergone at least 8 sessions of physical therapy directed at these complaints to date, last on 02/03/15. However, MTUS guidelines support 8-10 visits for complaints of this nature; the requested 12 sessions in addition to the 8 already completed exceeds these recommendations. No rationale is provided as to why this patient is unable to transition to a home-based physical therapy regimen, either. Therefore, the request IS NOT medically necessary.