

<b>Case Number:</b>	CM14-0132905		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	03/25/2014
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 52-year-old female who has submitted a claim for cervical sprain/strain and bilateral shoulder periscapular pain associated with an industrial injury date of 3/25/2014. Medical records from 2014 were reviewed. Patient complained of neck and bilateral shoulder pain, left worse than right. Physical examination showed tenderness over the trapezius and paracervical muscles. Range of motion of the cervical spine and bilateral shoulder was unremarkable. Spurling test was negative. No weakness was noted. MRI of the cervical spine, dated 6/11/2014, showed reversal of cervical lordosis, and mild spinal cord flattening. Treatment to date has included physical therapy x 6 sessions, and medications such as naproxen and Prilosec. Progress report from 6/5/2014 stated that patient had ongoing physical therapy sessions. Utilization review from 8/8/2014 denied the requests for Physical Therapy 2 x week x 4 weeks to cervical spine, Physical Therapy 2 x week x 4 weeks to left shoulder, and Physical Therapy 2 x week x 4 weeks for right shoulder because of no evidence of functional improvement from previous therapy; and denied MRI of bilateral shoulders because of no red flag signs, or suspicion of rotator cuff tear/instability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 x week x 4 weeks to cervical spine:** Upheld

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

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

**Decision rationale:** As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. The guideline recommends 9 to 10 PT visits for myalgia / myositis. In this case, patient complained of neck pain corroborated by tenderness. Patient completed 6 sessions of physical therapy; however, there was no documented functional improvement. It is unclear why re-enrollment to the program should be certified. The medical necessity cannot be established due to insufficient information. Moreover, the requested number of therapy visits exceeded guideline recommendation given that patient had completed 6 sessions previously. Therefore, the request for Physical Therapy 2 x week x 4 weeks to cervical spine is not medically necessary.

**MRI Left Shoulder without Intra-articular contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines, Magnetic Resonance Imaging (IMR) section.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

**Decision rationale:** Page 208 of CA MTUS ACOEM supports ordering of imaging studies for: emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; and clarification of the anatomy prior to an invasive procedure. In this case, patient complained of bilateral shoulder pain corroborated by tenderness. Range of motion and motor strength were unremarkable. There is not enough evidence to warrant further investigation by utilizing MRI. There is likewise no current surgical plan to support this request. Therefore, the request for MRI Left Shoulder without Intra-articular contrast is not medically necessary.

**MRI Right Shoulder without Intra-articular contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines, Magnetic Resonance Imaging (MRI) section.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

**Decision rationale:** Page 208 of CA MTUS ACOEM supports ordering of imaging studies for: emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; and clarification of the anatomy prior to an invasive procedure. In this case, patient complained of bilateral shoulder

pain corroborated by tenderness. Range of motion and motor strength were unremarkable. There is not enough evidence to warrant further investigation by utilizing MRI. There is likewise no current surgical plan to support this request. Therefore, the request for MRI right Shoulder without Intra-articular contrast is not medically necessary.

**Physical Therapy 2 x week x 4 weeks to left shoulder:** Upheld

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

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

**Decision rationale:** As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. The guideline recommends 9 to 10 PT visits for myalgia / myositis. In this case, patient complained of bilateral shoulder pain corroborated by tenderness. Patient completed 6 sessions of physical therapy; however, there was no documented functional improvement. It is unclear why re-enrollment to the program should be certified. The medical necessity cannot be established due to insufficient information. Moreover, the requested number of therapy visits exceeded guideline recommendation given that patient had completed 6 sessions previously. Therefore, the request for Physical Therapy 2 x week x 4 weeks to left shoulder is not medically necessary.

**Physical Therapy 2 x week x 4 weeks for right shoulder:** Upheld

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

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

**Decision rationale:** As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. The guideline recommends 9 to 10 PT visits for myalgia / myositis. In this case, patient complained of bilateral shoulder pain corroborated by tenderness. Patient completed 6 sessions of physical therapy; however, there was no documented functional improvement. It is unclear why re-enrollment to the program should be certified. The medical necessity cannot be established due to insufficient information. Moreover, the requested number of therapy visits exceeded guideline recommendation given that patient had completed 6 sessions previously. Therefore, the request for Physical Therapy 2 x week x 4 weeks to right shoulder is not medically necessary.