

Case Number:	CM14-0210210		
Date Assigned:	12/23/2014	Date of Injury:	04/17/2014
Decision Date:	02/23/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 patient is a 61-year-old woman who sustained a work-related injury on April 17, 2014. Subsequently, she developed chronic neck and shoulders pain. Prior treatments included: medications (including Naproxen and meloxicam), physical therapy, and acupuncture. According to a progress report dated July 21, 2014, the patient reported bilateral shoulder pain and neck pain. She complained of numbness of the upper back, right upper extremity, and left hand. She also complained of tingling of the neck and both shoulders. The neck pain was burning and sharp, radiates to both hands, right greater than left. The patient last had x-rays of the neck on June 19, 2014. Right shoulder pain was burning and sharp, radiates to upper back and right hand. The patient last had x-rays of the right shoulder on June 19, 2014. The left shoulder pain was dull, non radiating. The patient last had x-rays of the left shoulder on June 19, 2014, physical examination revealed diffused tenderness at the neck. Tinel's was negative bilaterally at the ulnar elbow and median wrist. Phalen's: numbness at the right wrist and negative at left. There was diffused tenderness at bilateral shoulders. A progress report dated November 5, 2014 documented right shoulder light sensation was intact; right thumb tip, right long tip, and right small tip; numbness of the left foot; chest pain and trouble performing activities of daily living. The patient was diagnosed with cervical spine strain, right shoulder strain, and left shoulder strain. The provider requested authorization for the followings.

IMR ISSUES, DECISIONS AND RATIONALES

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

One X-ray of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178, 182, Table 8-8.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: According to MTUS guidelines, for most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly provided any red-flag conditions are ruled out. X rays imaging is recommended in neck and upper back complaints in case of suspicion of fracture, neurological deficit related to tumor, trauma and infection. An x-ray of the neck was performed in June of 2014, and there is no clear evidence that the patient developed new symptoms or have red flags pointing toward cervical spine damage. Therefore, the prescription of x-ray of the cervical spine is not medically necessary.

One X-ray of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207, 214.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

Decision rationale: According to MTUS guidelines, X ray of the shoulder have high ability to identify infection or tumor. It is not recommended for shoulder strain or shoulder complaints before 4- 6 weeks conservative therapy. X ray imaging could be considered for shoulder complaints in case of suspicion of fracture, neurological deficit related to tumor, trauma and infection. An x-ray of the right shoulder was performed in June of 2014, and there is no clear evidence that the patient developed new symptoms or have red flags pointing toward right shoulder damage. Therefore, the prescription of x-ray of the right shoulder is not medically necessary.

One X-ray of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207, 214.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

Decision rationale: According to MTUS guidelines, X ray of the shoulder have high ability to identify infection or tumor. It is not recommended for shoulder strain or shoulder complaints before 4- 6 weeks conservative therapy. X ray imaging could be considered for shoulder complaints in case of suspicion of fracture, neurological deficit related to tumor, trauma and infection. An x-ray of the right shoulder was performed in June of 2014, and there is no clear evidence that the patient developed new symptoms or have red flags pointing toward right shoulder damage. Therefore, the prescription of x-ray of the left shoulder is not medically necessary.

Six (6) physical therapy sessions to the cervical spine and bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines

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

Decision rationale: According to MTUS guidelines, Physical Medicine is recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. There is no documentation of objective findings that the patient condition needed physical therapy. The patient underwent several physical therapy sessions without documentation of clear benefit. Therefore 6 sessions of Physical Therapy Cervical Spine and bilateral shoulders is not medically necessary.

One (1) follow-up with a pain medicine physician: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007, page 56

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171, Chronic Pain Treatment Guidelines Chronic pain programs, early intervention Page(s): 32-33.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a surgery evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines stated: Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach: (a) The patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernable indication of at risk status is lost time from work of 4 to 6 weeks. The provider did not document lack of pain and functional improvement that require a follow up with a pain medicine physician. The requesting physician did not provide a documentation supporting the medical necessity for a follow up evaluation. The documentation did not include the reasons, the specific goals and end point for using the expertise of a specialist for the patient pain. Therefore the request for Follow up with a pain medicine physician is not medically necessary.

One (1) follow-up appointment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic), Office visits

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171, Chronic Pain Treatment Guidelines Chronic pain programs, early intervention Page(s): 32-33.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a surgery evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines stated: Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach: (a) The patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared

to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernable indication of at risk status is lost time from work of 4 to 6 weeks. The provider did not document lack of pain and functional improvement that require a follow up visit. The requesting physician did not provide a documentation supporting the medical necessity for a follow up evaluation. The documentation did not include the reasons, the specific goals and end point for using the expertise of a specialist for the patient pain. Therefore the request for Follow up visit is not medically necessary.