

Case Number:	CM14-0217814		
Date Assigned:	01/07/2015	Date of Injury:	06/22/2009
Decision Date:	03/06/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/29/2014

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 York, Tennessee
 Certification(s)/Specialty: Emergency 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:

This is a 53 year old female who suffered an industrial related injury on 6/22/09. A physician's report dated 1/9/14 noted diagnoses of cervicalgia, cervical radiculopathy on the right, diffuse osteoarthritis with facer arthropathy of the cervical spine, right shoulder bursitis, and repetitive strain of the right upper extremity. The injured worker reported being exposed once or on a number of occasions to chemicals, possible carbon monoxide in the workplace. The injured worker had complaints of neck, right shoulder and right arm pain with numbness. It was planned that the injured worker would start physical therapy and acupuncture treatments. A physician's report dated 10/23/14 noted the injured worker had complaints of neck pain. Difficulty with concentration and memory as well as work finding, vocabulary, and speech articulation were noted. The development of major depression symptoms including depressed mood, anhedonia, crying spells, apathy, social isolation, withdrawal, sleep disturbance, and appetite disturbance were noted. Diagnoses included adjustment disorder with mixed anxiety and depression, cognitive disorder occurring as a consequence of carbon monoxide poisoning, and obstructive sleep apnea. The injured worker was taking Lexapro, Bupropion XL, Hydergine, Gabapentin, Relafin, Prilosec, Atenolol, Kazar, Qvar, and Albuterol. On 12/1/14 the utilization review (UR) physician denied the request for left shoulder MRI, speech/language pathologist, 6 additional physical therapy sessions for bilateral shoulders, and continued care with [REDACTED] and [REDACTED]. Regarding the MRI, the UR physician noted the medical records do not reflect any objective evidence of left shoulder pathology except tenderness. There was no evidence of failure of conservative measures. Finally the documentation did not reflect the need for

consideration of surgical intervention. Therefore the request was denied. Regarding the speech/language pathologist, the UR physician noted the medical records do not reflect whether the injured worker had or did not have any prior diagnostic evaluations to support the further requested treatment. Therefore the request was denied. Regarding additional physical therapy, the UR physician noted the medical records indicated the injured worker had received physical therapy. However the medical records do not reflect the amount and duration of function benefits. Therefore the request was denied. Regarding continued care with [REDACTED] and [REDACTED], the UR physician noted the injured worker received supportive psychotherapy sessions. However the documentation did not reflect the amount of therapy previously administered or the objective evidence of amount/duration of any functional benefit obtained from it. Therefore the request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: Primary criteria for ordering imaging studies of the shoulder are emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure (e.g., a full-thickness rotator cuff tear not responding to conservative treatment. Imaging may be considered for a patient whose limitations due to consistent symptoms have persisted for one month or more, i.e., in cases when surgery is being considered for a specific anatomic defect (e.g. full-thickness rotator cuff tear) or to further evaluate the possibility of potentially serious pathology, such as a tumor. In this case the patient had full range of motion of bilateral shoulders, normal muscle strength, some anterior shoulder pain with resistance. There is no documentation that the patient has had a change in symptoms, that a red flag is present, or that surgery is anticipated. Medical necessity has not been established. The request should not be authorized.

Speech/language pathologist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Head, Speech Therapy (ST)

Decision rationale: Speech therapy (ST) is the treatment of communication impairment and swallowing disorders. Speech and language therapy is defined as therapy services, including

diagnostic evaluation and therapeutic intervention, that are designed to improve, develop, correct, rehabilitate, or prevent the worsening of speech/language communication and swallowing disorders that have been lost, impaired, or reduced as a result of acute or chronic medical conditions, congenital anomalies, or injuries. Speech and language disorders are those that affect articulation of speech, sounds, fluency, voice, swallowing (regardless of the presence of a communication disability), and those that impair comprehension, or spoken, written, or other systems used for communication. Criteria for Speech Therapy: A diagnosis of a speech, hearing, or language disorder resulting from injury, trauma, or a medically based illness or disease.- Clinically documented functional speech disorder resulting in an inability to perform at the previous functional level. Documentation supports an expectation by the prescribing physician that measurable improvement is anticipated in 4-6 months. The level and complexity of the services requested can only be rendered safely and effectively by a licensed speech and language pathologist or audiologist. Treatment beyond 30 visits requires authorization. In this case the patient complains of hoarseness. Evaluation by ENT specialist was negative for acute disease. There is no documentation that the patient is experiencing any speech, articulation, or swallowing difficulty. Evaluation by speech therapy is not indicated. The request should not be authorized.

Additional physical therapy for bilateral shoulder qty:6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic)

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

Decision rationale: Chronic Pain Medical Treatment Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, TENS units, ultrasound, laser treatment, or biofeedback. They can provide short-term relief during the early phases of treatment. Active treatment is associated with better outcomes and can be managed as a home exercise program with supervision. ODG states that physical therapy is more effective in short-term follow up. Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. Recommended number of visits for myalgia and myositis is 9-10 visits over 8 weeks; and for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. In this case the patient has had prior treatment with physical therapy. There is no documentation of the number of physical therapy visits or any objective evidence of functional improvement. Lack of documentation does not allow for determination of necessity. The request should not be authorized.

Continued care with [REDACTED] and [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 101-102. Decision based on Non-MTUS Citation Pain, Behavioral Interventions

Decision rationale: [REDACTED] and [REDACTED] are providers who specialize in psychotherapy. Chronic Pain Medical Treatment Guidelines state that psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. The guidelines also state that psychological intervention includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders. There should be an initial trial of 3-4 visits of psychotherapy over 2 weeks to determine if there is functional improvement. With evidence of objective functional improvement, recommended number of visits is a total of up to 6-10 visits over 5-6 weeks. In this case the request is for 16 visits. The number of visits requested surpasses the recommended maximum of 6-10 visits. The request should not be authorized.