

Case Number:	CM15-0171986		
Date Assigned:	09/14/2015	Date of Injury:	05/05/2012
Decision Date:	10/19/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/01/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 39 year old female patient who sustained an industrial injury on 5-5-2012 after tripping over cords and landing on her left shoulder and neck. Diagnoses include bursitis and cervical strain. Per the orthopedic consultation dated 9-08-2015 she had complaints of left shoulder pain. The physical examination of the left shoulder revealed tenderness to the subacromial space and bicipital groove, positive Neer and Hawkins impingement signs, crepitus to the left shoulder and forward flexion 100 and abduction 90 degrees. Per the orthopedic consultation dated 7-30-2015 she had complaints of left shoulder pain. The physical examination revealed right shoulder with full range of motion and normal strength, left shoulder with tenderness to the subacromial space, positive Neer and Hawkin's impingement signs, full range of motion, decreased strength, and neurovascularly intact. The medications list includes naproxen, cyclobenzaprine, gabapentin and lidopro lidocaine patch. She has had left shoulder MRI on 9/25/2012 which revealed no rotator cuff tear, mild subacromial edema, type I acromion, low lying with mild anterior down slopping and mild anterior inferior spurring; EMG/NCS dated 8/14/15 which revealed left C6 radiculopathy; cervical spine X-rays dated 7-7-2015, and cervical spine MRI dated 7-7-2015 which revealed disc herniations to the left at C4-5 and C5-6 and to the right at C6-7 without canal stenosis. She has had left shoulder cortisone injection on 7/30/15 with temporary mild relief. She has had at least 8 physical therapy visits and unspecified numbers of chiropractic visits for this injury. Recommendations include cortisone injection (performed during this visit), additional physical therapy, chiropractic care, continuous medical necessity treatment and medications, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 6 for left shoulder, cervical spine, and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. Patient has had at least 8 physical therapy sessions for this injury. The requested additional visits in addition to the previously rendered physical therapy sessions are more than recommended by the cited criteria. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Previous physical therapy visit notes are not specified in the records provided. A recent detailed physical examination of the cervical and lumbar spine is not specified in the records provided. A rationale for the need for physical therapy for the cervical and lumbar spine is not specified in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The request for Physical Therapy x 6 for left shoulder, cervical spine, and lumbar spine is not medically necessary or established for this patient at this time.

Chiropractic care, 6 sessions for the left shoulder, cervical spine, and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: Per the cited guidelines regarding chiropractic treatment "Elective/maintenance care: Not medically necessary". "One of the goals of any treatment plan should be to reduce the frequency of treatments to the point where maximum therapeutic benefit continues to be achieved while encouraging more active self-therapy, such as independent strengthening and range of motion exercises, and rehabilitative exercises. Patients also need to be encouraged to return to usual activity levels despite residual pain, as well as to avoid catastrophizing and overdependence on physicians, including doctors of chiropractic". Per the records provided, patient has had unspecified numbers of chiropractic sessions and physical therapy for this injury. There is no evidence of ongoing significant progressive functional improvement from the previous chiropractic therapy visits that is documented in the records provided. A detailed

physical examination of the cervical and lumbar spine is not specified in the records provided. A rationale for the need for chiropractic therapy for the cervical and lumbar spine is not specified in the records provided. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The request for Chiropractic care, 6 sessions for the left shoulder, cervical spine, and lumbar spine is not medically necessary or fully established for this patient.

Repeat MRI of the left shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Shoulder (updated 09/08/15).

Decision rationale: According to ACOEM guidelines cited below, for most patients, 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. Criteria for ordering imaging studies are: Emergence of a red flag; e.g., indications of intra abdominal or cardiac problems presenting as shoulder problems; "Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon); Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment)." She has had left shoulder MRI on 9/25/2012 which revealed no rotator cuff tear, mild subacromial edema, type I acromion, low lying with mild anterior down slopping and mild anterior inferior spurring. Per the ODG guidelines "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology". The previous MRI is more than 3 years old. Patient has still complaints of left shoulder pain. Patient has significant objective findings on the physical examination- tenderness to the subacromial space and bicipital groove, positive Neer and Hawkins impingement signs, crepitus to the left shoulder and forward flexion 100 and abduction 90 degrees. This is a significant change as compared to findings in 7/2015. Patient has tried physical therapy, pharmacotherapy and cortisone injection for the left shoulder. The request of repeat MRI of the left shoulder is medically appropriate and necessary for this patient.