MAXIMUS Federal Services

Case Number:	CM15-0179544		
Date Assigned:	09/21/2015	Date of Injury:	11/14/2011
Decision Date:	10/23/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/11/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 injured worker is a 39 year old female, who sustained an industrial injury on 11-14-2011. The medical records indicate that the injured worker is undergoing treatment for cervical trapezial strain with myofascitis, mild left cervical radiculopathy C8-T1, straightening of cervical spine, grade 1 spondylolisthesis at C3-4 and C4-5, minimal effacement of anterior thecal sac at C3-4, C4-5, C5-6, C6-7, and C7-T1, status post left shoulder arthroscopy (2-10-2012), and status post repeat manipulation under anesthesia (2-13-2013). According to the progress report dated 7- 30-2015, the injured worker presents for flare-up in her symptomology. Overall, she feels that her condition has worsened since last examination. She complains of constant neck pain with radiation into her upper back, associated with headaches and with intermittent left shoulder pain, associated with numbness in her left arm. The level of pain is not rated. The physical examination of the cervical spine reveals tenderness to palpation along the midline, bilateral paraspinals, left upper trapezius, and left rhomboid. Examination of the left shoulder reveals tenderness to palpation along the anterior and posterior aspects, upper trapezius, and rhomboid. The current medications are not specified. Treatment to date has included medication management, physical therapy, home exercise program, TENS unit, MRI studies, electro-diagnostic testing, cortisone injection, 3 epidural steroid injections, and surgical intervention. Work status is described as permanent disability. The original utilization review (8-21-2015) had non-certified a request for 12 physical therapy sessions to the left shoulder and cervical spine and pain management specialist consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks for cervical spine and left shoulder: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Physical therapy Shoulder section, Physical therapy.

Decision rationale: Pursuant and to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times six weeks to the cervical spine and left shoulder is not medically necessary. 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 negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are cervical trapezium strain with myofasciitis; cervical radiculopathy; left shoulder status post manipulation under anesthesia; left elbow ulnar nerve decompression and anterior transposition; right carpal tunnel syndrome; and possible sleep disorder. The date of injury is November 14, 2011. Request for authorization is August 20, 2015. According to the most recent progress note dated July 30, 2015, the injured worker has ongoing neck, left shoulder, left elbow, bilateral wrist and hand pain and left hip pain. The treating provider indicates the injured worker sustained recent flare-up and requires physical therapy. The documentation does not contain physical therapy progress notes. The total number of physical therapy sessions to date is not documented. There is no documentation demonstrating objective functional improvement. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement and no compelling clinical documentation indicating additional physical therapy is clinically warranted, physical therapy two times per week times six weeks to the cervical spine and left shoulder is not medically necessary.

Pain management specialist consultation and take over medication: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2004 Introduction, Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Assessment.

Decision rationale: Pursuant to the ACOEM, pain management specialist consultation and take over medications is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation

is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. The injured worker's working diagnoses are cervical trapezium strain with myofasciitis; cervical radiculopathy; left shoulder status post manipulation under anesthesia; left elbow ulnar nerve decompression and anterior transposition; right carpal tunnel syndrome; and possible sleep disorder. The date of injury is November 14, 2011. Request for authorization is August 20, 2015. According to the most recent progress note dated July 30, 2015, the injured worker has ongoing neck, left shoulder, left elbow, bilateral wrist and hand pain and left hip pain. The treating provider indicates the injured worker sustained recent flare up and requires physical therapy. The documentation shows the injured worker is taking Motrin and Flexeril. There is no clinical indication or rationale for a pain management evaluation to take over medications based on the current medication list. The injured worker has a chronic condition and, as noted above, there is no clinical rationale for a pain management provider consultation. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, pain management specialist consultation and take over medications is not medically necessary.