

<b>Case Number:</b>	CM15-0179742		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	08/30/2014
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/13/2015

### 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: Arizona, 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:

The injured worker is a 45 year old female, who sustained an industrial injury on August 30, 2014. The injured worker is diagnosed as having cervical spinal strain, left trapezial strain, left shoulder strain and left shoulder impingement. Her work status is modified duty. Currently, the injured worker complains of constant neck pain that radiates to the trapezius associated with numbness and is rated at 5-6 on 10. She reports constant left shoulder pain with a "coldness" pain that radiates to the shoulder blade and occasionally to her arm and is rated at 10 on 10. She reports "severe" upper trapezius pain to touch. The pain increases during cold weather. A physical examination dated August 12, 2015 revealed tenderness to palpation in the cervical paraspinals and left trapezial muscle. There is also tenderness at the left anterior acromial margin. She has diminished cervical spine range of motion with muscle guarding. The cervical spine range of motion is as follows; flexion 35 degrees, extension 25 degrees, left lateral bend 25 degrees, right lateral bend 30 degrees, right rotation 40 degrees and left rotation 45 degrees. The left shoulder reveals a positive Speed's and impingement tests, and negative apprehension and spring back arm test. The left shoulder range of motion is as follows; flexion 170 degrees, abduction 160 degrees, external rotation 70 degrees and internal rotation 60 degrees. Treatment to date has included land-based physical therapy, which caused headaches and spasms for one week after therapy, per note dated August 12, 2015. The therapeutic efficacy from the left shoulder steroid injection is unknown. The requests for pool based therapy (2 to 3 times a week for 4 weeks) is denied due to lack of documentation noting "exceptional factors warranting deviation from the guidelines", left shoulder injection of 1% Lidocaine (1.5 cc) and Kenalog 20

mg is denied due to lack of documentation of efficacy from previous injection and range of motion testing is denied as testing was completed at recent office visit and it is unclear what is being requested, per Utilization Review letter dated August 28, 2015.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Pool based therapy 2 to 3 times a week for 4 weeks:** 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): Aquatic therapy.

**Decision rationale:** Aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The length of treatment recommended is up to 8 sessions. In this case, the claimant was able to perform land-based exercises. There was no indication that the pool is necessary. In addition, the amount of sessions exceeds the guidelines recommendations. As a result, the request for 12 additional sessions of physical therapy is not medically necessary.

**Left shoulder injection of 1% Lidocaine 11/2 cc and Kenalog 20mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Summary.

**Decision rationale:** According to the guidelines, 2-3 shoulder injections are recommended for impingement syndrome. In this case, the claimant does have impingement syndrome. The claimant received an injection and there was a request for another injection on the day of the 1st procedure. There was no mention of therapeutic response. The additional injection is not justified and not medically necessary.

**Range of motion testing:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter and pg 29.

**Decision rationale:** According to the guidelines, range of motion testing should be performed but passive testing is not necessary if active is normal. In this case, the claimant is limited in active range of motion. As a result, the request for range of motion testing is medically necessary.