

Case Number:	CM15-0063281		
Date Assigned:	04/09/2015	Date of Injury:	10/18/2012
Decision Date:	06/11/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/02/2015

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: New Jersey

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 injured worker is a 58-year-old male who sustained an industrial injury on 10/18/2012. The mechanism of injury was the injured worker was taking some sheets of heavy work material from an A-frame when the sheets weighing approximately 1300 pounds fell on him and he lost consciousness. Diagnoses include cervical radiculopathy, reflex sympathetic dystrophy of the upper limb, shoulder pain, lumbar radiculopathy, post-concussion syndrome, carpal tunnel syndrome, low back pain and wrist pain. Treatment to date has included medications, surgery, epidural steroid injections, facet nerve blocks, physical therapy and stellate ganglion block. Diagnostics performed to date included MRIs and EMG/NCS. The injured worker underwent an MRI of the left shoulder on 12/19/2012, which revealed an acromioclavicular joint degenerative arthritic changes with acute stress response and moderate distal supraspinatus tendinosis without tearing. The injured worker was noted to be authorized for a consultation with a psychologist in 2014, and was authorized for 6 sessions of psychotherapy. According to the progress notes dated 2/27/15, the injured worker reported neck, lower back and shoulder pain. The documentation indicated the injured worker had no blackouts, dizziness, syncope, or memory loss. The physical examination revealed decreased range of motion of the cervical spine, tight muscle band and tenderness in the paravertebral muscles. The Spurling's maneuver caused pain in the muscles of the neck radiating into the upper extremity. The examination of the lumbar spine revealed loss of normal lordosis with straightening of the lumbar spine. The injured worker had decreased range of motion. The lumbar facet loading was negative. On palpation, paravertebral muscles spasm and tenderness was noted bilaterally. The examination of the left shoulder revealed

limited range of motion and a positive Hawkins and Neer's test as well as a positive Yergason's test. The injured worker had tenderness in the acromioclavicular joint, biceps groove, and deltoid bursa. The injured worker was noted to be alert and oriented x 4 without evidence of somnolence. The sensory examination revealed light touch sensation decreased over the upper extremity throughout, and throughout the right lower extremity, and patchy distribution on the left side. Waddell's sign was negative. The documentation indicated that a history and physical examination was consistent with postconcussive syndrome with left ear hearing loss and headaches, and left shoulder impingement findings. The treatment plan included an MRI of the left shoulder, ENT evaluation plus 1 follow-up visit, 6 sessions of individual psychotherapy, and referral to a neuropsychologist for cognitive evaluation due to forgetfulness as well as 8 sessions of aquatic therapy for the accepted body parts due to the injured worker's past benefit with this therapy versus physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of aquatic therapy for accepted body parts: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine Page(s): 22, 98, 99.

Decision rationale: The California MTUS Guidelines indicate that aquatic therapy is recommended when the injured worker has a need for reduced weight bearing. The quantity of sessions would be up to 10 for myalgia and myositis as well as radiculitis. The clinical documentation submitted for review indicated the injured worker had prior benefit. However, the quantity of sessions previously attended, and the objective functional benefit was not provided. There was a lack of documentation of remaining objective functional deficits to support the necessity for aquatic therapy. The request as submitted failed to indicate the specific body parts to be treated. Given the above, the request for 8 sessions of aquatic therapy for accepted body parts is not medically necessary.

Referral to neuropsychologist for cognitive evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, Independent Medical Examinations and Consultations regarding Referrals.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100.

Decision rationale: The California MTUS Guidelines indicate that psychological evaluations are appropriate and should distinguish between conditions that are pre-existing, aggravated by current injury, or are work related. The clinical documentation submitted for review indicated

the request was made for an evaluation due to forgetfulness. The documentation indicated the injured worker was alert and oriented x 4 without evidence of somnolence. However, there was a lack of documentation of forgetfulness upon physical examination. Given the above, the request for referral to neuropsychologist for cognitive evaluation is not medically necessary.

Referral to PN ENT evaluation plus one follow up doctor's visit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, Independent Medical Examinations and Consultations regarding Referrals.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 1.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend upon ruling out a potentially serious condition, conservative management is provided. If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The clinical documentation submitted for review indicated the injured worker had been seen by an audiologist and had wax removed and felt he had hearing loss. However, there was no objective documentation to support hearing loss or a need for an ear, nose, and throat evaluation. There was a lack of documentation indicating a necessity for a plus 1 follow-up doctor's visit. Given the above, the request for Referral to PN ENT evaluation plus one follow up doctor's visit is not medically necessary.

6 sessions of individual psychotherapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

Decision rationale: The California MTUS Guidelines indicate that cognitive behavioral therapy is recommended once an injured worker has been screened for risk factors of delayed recovery. There should be a consideration of psychotherapy, cognitive behavioral therapy, for an initial trial of 3 to 4 visits and with objective functional improvement a total of 6 to 10 visits over 5 to 6 weeks. The clinical documentation submitted for review indicated the injured worker had previously been assessed. However, the documentation further indicated the injured worker had been approved for 6 sessions of individual psychotherapy. There was a lack of documentation indicating whether the psychotherapy had been completed and if it had been completed, the objective functional benefit that was received and the quantity of sessions that were attended. Given the above, the request for 6 sessions of individual psychotherapy sessions is not medically necessary.

MRI of the left shoulder, non contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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, Magnetic resonance imaging (MRI).

Decision rationale: The Official Disability Guidelines indicate a repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms or findings of a significant pathology. The clinical documentation submitted for review indicated the injured worker had previously undergone an MRI of the left shoulder. There was a lack of documentation of a significant change in symptoms or findings of a significant pathology that was different from the prior findings to support a repeat MRI. Given the above, the request for MRI of the left shoulder non-contrast is not medically necessary.