

<b>Case Number:</b>	CM15-0069213		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	02/06/2012
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 65-year-old female who sustained an industrial injury on 02/06/2012. Diagnoses include cervicgia rule out radiculopathy, right upper extremity, history of persistent rotator cuff tendinopathy, right shoulder with evidence of anterior supraspinatus tendon attritions and diffuse tendinopathy on Magnetic Resonance Imaging on 12/17/2014, compensatory impingement left shoulder, history of persistent lateral epicondylitis-right elbow, and compensatory de Quevain's syndrome-right wrist, improved. Treatment to date has included diagnostic studies, medications, and physical therapy. A physician progress note dated 03/04/2015 documents the injured worker has persistent right shoulder discomfort with limitation in range of motion. On examination, gentle cervical compression testing causes pain in the superolateral aspects of the right brachium with Spurling's testing. Active forward flexion is 130 degrees with external rotation 30 degrees in both shoulders with compensatory posturing with positive impingement and impingement reinforcement again noted bilaterally. Treatment requested is for MRI of the cervical spine, physical therapy (PT) 2 times 4 for the right shoulder, and spine surgeon evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy (PT) 2 times 4 for the right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Physical Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98-99 of 127. Decision based on Non-MTUS Citation ODG, Shoulder Chapter, Physical Medicine.

**Decision rationale:** Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course (10 sessions) of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no documentation of specific objective functional improvement with any previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program yet are expected to improve with formal supervised therapy. In light of the above issues, the currently requested physical therapy is not medically necessary.

**MRI of the cervical spine:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 176-7.

**Decision rationale:** Regarding the request for cervical MRI, CA MTUS and ACOEM support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Guidelines also recommend MRI after 3 months of conservative treatment. Within the documentation available for review, the provider notes a positive Spurling's test with even gentle pressure and prior treatment has included medication and PT. It does not appear that prior cervical MRIs have been performed. In light of the above, the requested cervical MRI is medically necessary.

**Spine surgeon evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

**Decision rationale:** Regarding the request for consultation, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, the patient does have a positive Spurling's test on exam suggestive of radiculopathy, but there is a pending cervical MRI, the results of which may obviate the need for surgical consultation. In light of the above issues, the currently requested consultation is not medically necessary.