

Case Number:	CM15-0076609		
Date Assigned:	04/28/2015	Date of Injury:	08/07/2013
Decision Date:	07/07/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/21/2015

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 York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 60-year-old female, who sustained an industrial injury on 8/7/2013. She reported gradual onset of pain in her neck and shoulders. Diagnoses have included cervical muscle spasm, cervical radiculopathy, cervical stenosis, left rotator cuff tear, left shoulder adhesive tendinitis and left shoulder myospasm. Treatment to date has included physical therapy, acupuncture, injections and medication. According to the progress report dated 1/21/2015, the injured worker complained of burning, radicular neck pain, greater on the left side, rated 7/10. The pain was associated with numbness and tingling of the bilateral upper extremities. She also complained of burning left shoulder pain rated 7/10. Exam of the cervical spine and left shoulder revealed tenderness to palpation. Authorization was requested for chiropractic and physio therapy, mechanical traction, therapeutic exercises, myofascial release, CMT 1-2 regions, CMT extraspinal and electro stimulation 1 times a week for 4 weeks; extracorporeal shockwave therapy 1 time a week for 3 weeks for the cervical spine; sleep study consultation; surgical consultation for the left shoulder with orthopedic surgeon on the correct MPN and follow-up consultation with chiropractor.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic and physio therapy, mechanical traction, therapeutic exercises, myofascial release, CMT 1-2 regions, CMT extraspinal and electro stimulation 1 time a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Physical Medicine, Neuromuscular electrical stimulation (NMES devices), Transcutaneous electrotherapy, TENS chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back, Chiropractic Guidelines, Shoulder.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165 - 188, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 - 99.

Decision rationale: The patient is a 60-year-old female with an injury on 08/07/2013. She was treated with physical therapy, acupuncture, injections and oral medication. In 01/2015, she had an office visit with an orthopedist and had left shoulder strain/sprain and cervical sprain/strain. The left shoulder range of motion was almost normal - normal in all planes except less 10 degrees in two of them. Shoulder strength was 4/5. The patient already completed courses of physical therapy and by this point in time relative to the injury she should have been transitioned to a home exercise program. There is no objective documentation that continued formal physical therapy/ chiropractic therapy is superior to a home exercise program. Her left shoulder range of motion was almost normal and increased strength can be provided by a home exercise program. Mechanical traction has not been documented to improve the long-term functional outcome and is not a ACOEM recommended treatment.

Extracorporeal shockwave therapy 1 time a week for 3 weeks for the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and upper back, Electrotherapies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165 - 188. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Extracorporeal shockwave treatment.

Decision rationale: The patient is a 60-year-old female with an injury on 08/07/2013. She was treated with physical therapy, acupuncture, injections and oral medication. In 01/2015 she had an office visit with an orthopedist and had left shoulder strain/sprain and cervical sprain/strain. The left shoulder range of motion was almost normal - normal in all planes except less 10 degrees in two of them. Shoulder strength was 4/5. Extracorporeal shockwave therapy is not listed as a ACOEM recommended treatment and ODG notes that it is not recommended for treatment of the spine. It is not medically necessary for this patient.

Sleep study consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse, Polysomnography and home sleep testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM IME and Consultations Chapter 7, page 127 and Kryger MH, Roth T, Dement WC. Principles and Practice of Sleep Medicine, 5th Edition. 2011.

Decision rationale: The patient is a 60-year-old female with an injury on 08/07/2013. She was treated with physical therapy, acupuncture, injections and oral medication. In 01/2015 she had an office visit with an orthopedist and had left shoulder strain/sprain and cervical sprain/strain. The left shoulder range of motion was almost normal - normal in all planes except less 10 degrees in two of them. Shoulder strength was 4/5. There is no documentation of hypersomnia, an Epworth Sleepiness score, witnessed apnea, awakening gasping or a Mallampati score. There is insufficient documentation to substantiate the medical necessity for a sleep study.

Surgical consultation for the left shoulder with orthopedic surgeon: 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 ACOEM IME and Consultations Chapter 7, page 127.

Decision rationale: The patient is a 60-year-old female with an injury on 08/07/2013. She was treated with physical therapy, acupuncture, injections and oral medication. In 01/2015 she had an office visit with an orthopedist and had left shoulder strain/sprain and cervical sprain/strain. The left shoulder range of motion was almost normal - normal in all planes except less 10 degrees in two of them. Shoulder strength was 4/5. The patient is followed by an orthopedist who documented a cervical sprain/strain and left shoulder sprain/strain. There is insufficient documentation to substantiate the medical necessity for the requested additional orthopedic consultation.

Follow up consultation with chiropractor: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Treatment and Manipulation Page(s): 58.

Decision rationale: The patient is a 60-year-old female with an injury on 08/07/2013. She was treated with physical therapy, acupuncture, injections and oral medication. In 01/2015 she had an office visit with an orthopedist and had left shoulder strain/sprain and cervical sprain/strain. The left shoulder range of motion was almost normal - normal in all planes except less 10 degrees in

two of them. Shoulder strength was 4/5. The patient has already completed physical therapy and physical medicine treatment. There is insufficient documentation to substantiate the medical necessity for chiropractic treatment at this time and there should be a specific request for the number of visits of treatment.