

Case Number:	CM15-0091861		
Date Assigned:	05/18/2015	Date of Injury:	04/26/2013
Decision Date:	06/22/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/12/2015

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: Texas, 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 a work related injury April 26, 2013. According to a primary treating physician's progress report, dated April 16, 2015, the injured worker presented with ongoing pain in her right shoulder, upper back and neck. She reports a very tight and spasmodic area in her shoulder girdle muscles and into the trapezius area. The upper back and lower cervical spine reveals tenderness and spasm in and across the trapezius and paraspinal musculature with multiple trigger point areas. Examination of the right shoulder reveals impingement with weakness with external rotation and abduction and pain over the biceps tendon. Diagnoses are right shoulder rotator cuff tear; cervicothoracic pain; cervical radiculopathy. The medication list includes Naproxen, Neurontin and Tramadol. The patient has had X-ray of the cervical spine that revealed spondylosis and loss of disc height. The patient has had EMG of UE that was normal; MRI of the right shoulder on 6/19/14 that revealed rotator cuff tendinosis, degenerative changes; MRI of the cervical spine on 4/1/14 that revealed spinal canal stenosis and disc protrusion and foraminal narrowing. The patient has had history of cervical radiculopathy, numbness and tingling in UE. The patient sustained the injury due to cumulative trauma. Patient has received an unspecified number of PT and chiropractic visits for this injury. The patient's surgical history includes right thumb reconstruction in 1/13/11. Treatment plan included medication and request for authorization for neurosurgical consultation and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 12 visits for the neck: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 98.

Decision rationale: Physical therapy x 12 visits for the neck. The guidelines cited below state: allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. Patient has received an unspecified number of PT visits for this injury. Previous conservative therapy notes were not specified in the records provided. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. The records submitted contain no accompanying current PT evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Previous PT visits notes were not specified in the records provided. Per the guidelines cited: Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The request for Physical therapy x 12 visits for the neck is not medically necessary for this patient.

Consultation with [REDACTED] (Neuro) surgical: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, 2004, Chapter 7, Independent Medical Examinations and Consultations, pg. 127.

MAXIMUS guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, IME and consultations.

Decision rationale: Consultation with (Neuro) surgical. Per the cited guidelines: The occupational health practitioner may refer to other specialists 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. According to a primary treating physician's progress report, dated April 16, 2015, the injured worker presented with ongoing pain in her right shoulder, upper back and neck. She reports a very tight and spasmodic area in her shoulder girdle muscles and into the trapezius area. The upper back and lower cervical spine reveals tenderness and spasm in and across the trapezius and paraspinous musculature with multiple trigger point areas. Examination of the right shoulder reveals impingement with weakness with external rotation and abduction and pain over the biceps tendon. Diagnoses are right shoulder rotator cuff tear; cervicothoracic pain; cervical radiculopathy. The patient has had X-ray of the cervical spine that revealed spondylosis and loss of disc height. The patient has had MRI of the right shoulder on 6/19/14 that revealed rotator cuff tendinosis, degenerative changes; MRI of the cervical spine on 4/1/14 that revealed spinal canal stenosis and disc protrusion and foraminal narrowing. The patient has had history of cervical radiculopathy, numbness and tingling in UE. Patient has had conservative treatment with oral medication and still has significant objective

findings and abnormal MRI results. Therefore this a complex case and the management of this case would be benefited by a surgical consultation. The request for Consultation with [REDACTED] [REDACTED] (Neuro) surgical is medically necessary and appropriate for this patient.