

Case Number:	CM15-0096615		
Date Assigned:	05/29/2015	Date of Injury:	01/24/2014
Decision Date:	09/18/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/19/2015

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

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 69 year old female who sustained an industrial injury on 1/24/14 from a trip and fall injuring her left shoulder, hip, upper extremity, hand and lower extremity. She was medically evaluated and had an x-ray and MRI of the right shoulder, was given pain medication in the form of Tramadol and also received physical therapy. She was on light-modified duty until she retired. She currently complains of frequent cervical spine pain; intermittent pain in the left proximal shoulder with occasional pain in both shoulders; left elbow pain; left hand pain; lumbosacral pain; bilateral hip, knee, ankle and foot pain. On physical exam of the cervical spine she exhibits tenderness on palpation in the cervical paraspinal musculature, mid-line pain at C3-T3, decreased range of motion; left shoulder exam shows pain in the glenohumeral joint, supraspinatus and infraspinatus, proximal left shoulder pain, decreased range of motion; lumbar spinal exam shows mid-line pain, pain in the left pelvic muscles, piriformis, left gluteal muscles, iliac crest and left sacroiliac joint, decreased range of motion, positive straight leg raise on the left, Lasague's test is moderately positive bilaterally, Ell's test is moderately positive bilaterally; left hip exhibits decreased range of motion, positive Patrick-Fabere test on the left; there is decreased motor strength in the upper and lower extremities due to pain. Diagnoses include cervical spine sprain/ strain; cervical spine referred pain to the left shoulder; cervical spine herniated nucleus pulposus; cervical myospasm; lumbar sprain/ strain; lumbar spine referred pain to the left lower extremity; lumbar herniated nucleus pulposus; lumbar myospasm; left shoulder sprain/ strain; left shoulder internal derangement; left elbow, wrist and hip pain. In the progress note dated 3/24/15 the treating provider's plan of care includes requests for acupuncture for the

cervical and lumbar spine twice per week for four weeks; physical therapy for the left shoulder and left hip twice a week for four weeks; orthopedic consult and treatment for the right shoulder; pain management evaluation and treatment; x-rays of the cervical spine (five views), lumbar spine (five views), left shoulder (two views) and left hip (two views).

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture - cervical and lumbar spine, 8 sessions (twice weekly for 4 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the MTUS guidelines, acupuncture can be considered when pain medications are not tolerated, or reduced. It may also be used as an adjunct to physical rehabilitation or surgical intervention to hasten functional recovery. Typical time frame needed to produce functional benefit is 3-6 sessions. This request as submitted exceeds guideline criteria. A six-visit trial would be a consideration for this individual given her widespread pain. There is no mention of past acupuncture for her ailments, and if that was effective. Without clarification of the above mentioned issues, this request cannot be supported at this time and therefore is not medically necessary.

Physical therapy - left shoulder and left hip, 8 sessions (twice weekly for 4 weeks): 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 Medicine Page(s): 98-99.

Decision rationale: The California MTUS recommends 8-10 sessions of physical therapy for various myalgias or neuralgias. This request exceeds guideline recommendations. A six-visit trial would be appropriate, but it is unknown how many sessions of past PT this injured worker has had for her conditions. It is documented she had prior visits of PT but it is not known if these were effective at all, and to what body part she was treated for. Without clarification, this request cannot be supported and therefore is not medically necessary.

Orthopedic consultation and treatment - right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 27.

Decision rationale: The CA MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialists if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when a plan or course of care may benefit from additional expertise. This injured worker has chronic pain, unremitting despite therapy and medications. Additional expertise is warranted in this setting. This request is reasonable and certified and therefore is medically necessary.

Pain management evaluation and treatment: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain referral Page(s): 87-89.

Decision rationale: The CA MTUS ACOEM recommends plain films in conditions where red flags are noted, even if pain has persisted beyond 6 weeks duration. There is no significant red flag noted on examination of the spine and as such, this request is not warranted and therefore is not medically necessary.

X-rays (5 views) - cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The CA MTUS ACOEM recommend plain films in conditions where red flags are noted, even if pain has persisted beyond 6 weeks duration. There is no significant red flag noted on examination of the spine and as such, this request is not warranted.

X-rays (5 views) - lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The CA MTUS ACOEM recommends plain films in conditions where red flags are noted, even if pain has persisted beyond 6 weeks duration. There is no significant red flag noted on examination of the spine and as such, this request is not warranted and therefore is not medically necessary.

X-rays (2 views) - left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: According to the CA MTUS ACOEM, shoulder plain films can be considered when there are red flags noted on clinical examination that would support X-rays for further evaluation. There is no noted red flag within the submitted documentation. It is unclear how radiographs would guide future management of this individual. Medical necessity has not yet been substantiated and therefore is not medically necessary.

X-rays (2 views) - left hip: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis, X-ray.

Decision rationale: According to the ODG, X-rays can be considered in those at high risk for hip osteoarthritis. Within the submitted documentation, the injured worker does have positive provocative testing, reduced ROM, and ongoing pain. An X-ray would be warranted and is certified and therefore is medically necessary.