MAXIMUS Federal Services

Case Number:	CM15-0125449		
Date Assigned:	07/16/2015	Date of Injury:	03/04/2014
Decision Date:	10/05/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	06/29/2015

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: Pennsylvania
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 60-year-old female who sustained an industrial injury on 3/4/2014 resulting in pain to the neck, bilateral shoulders, low back, and bilateral knees, including decreased range of motion to all sites. She is diagnosed with cervical spine sprain or strain, degenerative disc disease and radiculopathy; bilateral shoulder pain; left shoulder: labral and rotator cuff tear, arthrosis, tendonitis, and bursitis; low back pain; lumbar spine herniated nucleus pulposus, degenerative disc disease, facet arthropathy and radiculopathy; bilateral knee internal derangement, right and left knee meniscal tears; and, bilateral knee osteoarthritis. Treatment has included medication, which she reports to help manage pain; and Progress report of 1/26/15 refers to injured worker continuing physical therapy, chiropractic therapy, acupuncture and shockwave therapy but provided documentation does not include details or outcomes of these treatments. The injured worker continues to present with neck, shoulder, low back and bilateral knee pain with impaired range of motion. The treating physician's plan of care includes shoulder x-rays; MRI of the right shoulder; electromyography and nerve conduction velocity studies of bilateral upper and lower extremities; 18 sessions each of physical therapy sessions, acupuncture, and chiropractic treatments for cervical and lumbar spine, bilateral shoulders and bilateral knees; and, 3 treatments of shockwave therapy. She is presently not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shoulder x-rays, 3 views: 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): 208.

Decision rationale: It is not specified if the x-rays are for the left or right or both shoulders. According to the ACOEM, “For patients with limitations of activity after four weeks and unexplained physical findings, such as effusion or localized pain (especially following exercise), imaging may be indicated to clarify the diagnosis and assist reconditioning." In this case, however this worker does not have unexplained physical findings. She has had previous MRI of the left shoulder showing labral tear, rotator cuff tear, AC arthrosis, and tendonitis. Exam findings related to the shoulders reported in the 5/13/2015 physician progress note include tenderness to palpation at the upper trapezius and rhomboid muscles, less than normal ROM and 4/5 strength. No special physical exam tests of the shoulder were included to suggest pathology specifically related to the shoulder. There was no discussion of any new problems or signs that would indicate an expectation of any new findings on imaging studies that were not present on previous studies.

MRI of the right 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): 208.

Decision rationale: According to the ACOEM, " For patients with limitations of activity after four weeks and unexplained physical findings, such as effusion or localized pain (especially following exercise), imaging may be indicated to clarify the diagnosis and assist reconditioning." Exam findings related to the shoulders reported in the 5/13/2015 physician progress note include tenderness to palpation at the upper trapezius and rhomboid muscles, less than normal ROM and 4/5 strength. No special physical exam tests of the shoulder were included to suggest pathology specifically related to the shoulder. It is not clear from the available documentation that pathology localized to the right shoulder joint should be suspected. The ACOEM "primary criteria for ordering imaging studies are: 1) Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems). 2) Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon). 3) Failure to progress in a strengthening program intended to avoid surgery. 4) Clarification of the anatomy prior to an invasive procedure (e.g.,a full thickness rotator cuff tear not responding to conservative treatment). The criteria for imaging studies in this case have not been met.

EMG/NCV of the bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/Electrodiagnostic testing.

Decision rationale: According to the ODG, in evaluation of pain complaints related to the neck, nerve conduction studies are not recommended, but EMG is recommended as an option to obtain unequivocal evidence of radiculopathy. The physician progress report of 5/13/15 provides no indication of radiculopathy. It is stated that there is diminished sensation over dermatomes C5- T1 in bilateral upper extremities but there were no subjective complaints of pain or numbness other than shoulder pain. Even if EMG could be considered appropriate, the nerve conduction study portion of the study would not be necessary.

EMG/NCV of the bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/Electrodiagnostic testing.

Decision rationale: According to the ODG, in evaluation of pain complaints related to the back, nerve conduction studies are not recommended, but EMG is recommended as an option to obtain unequivocal evidence of radiculopathy. The physician progress report of 5/13/15 does report the patient has radicular low back pain with pain in the lower extremities associated with numbness and tingling. Although, EMG may be a consideration in this case, a nerve conduction study would not be, therefore the request for combined EMG/NCV of the bilateral lower extremities cannot be considered medically necessary.

Physical therapy 3 x 6 for the cervical spine, lumbar spine, bilateral shoulders, bilateral knees: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The recommended number of physical therapy sessions for myalgia is 9-10 visits over 8 weeks and for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks.

Although passive modalities may be beneficial initially, the role of physical therapy is not to provide ongoing passive modalities for pain control but to establish an active home exercise program in which the patient can continue to maintain and improve function and pain control independently. Physical therapy beyond these guidelines should be supported by evidence of progress in physical therapy and a rational explanation of why excessive physical therapy is needed. In this case, neither is present in the documentation. The record indicates this worker had been receiving physical therapy in January of 2015. There is not documentation of progress in response to physical therapy. The worker should have been independent in a home exercise program by May of 2015 (4 months later).

Chiropractic therapy 3 x 6 for the cervical spine, lumbar spine, bilateral shoulders, bilateral knees: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the MTUS, manual therapy and manipulation for the low back is recommended as an option with a trial of 6 visits over 2 weeks, with evidence of objective functional improvement. The record indicates this worker has received chiropractic treatment. There is however no documentation of objective functional improvement in response to chiropractic. Continued chiropractic therapy cannot be considered appropriate. Furthermore, this request includes chiropractic therapy for the knee, which is not recommended in the MTUS. No recommendation is provided for manual therapy and manipulation of the cervical spine or shoulders.

Acupuncture 3 x 6 for the cervical spine, lumbar spine, bilateral shoulders, bilateral knees: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the guidelines, the time to produce functional improvement in response to acupuncture is 3-6 treatments and the optimum duration is 1-2 months. Acupuncture can be extended if there is functional improvement. This worker has already been receiving acupuncture and there is no documentation of functional improvement. Continued acupuncture cannot be considered appropriate. Even if this worker had not already received acupuncture, this request for 18 treatments would be excessive without first demonstrating functional progress in the first 3-6 treatments.

Shockwave therapy for the right shoulder, up to 3 treatments: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder/extracorporal shockwave therapy.

Decision rationale: According to the ODG, shockwave therapy is recommended for calcifying tendonitis of the shoulder but not for other shoulder disorders. There is no indication in the record that this worker has a diagnosis of calcifying tendonitis of the shoulder or exam findings that would indicate this. The record indicates the worker complains of bilateral shoulder pain, there is palpable tenderness of the upper trapezius and rhomboid muscles, and less than normal range of motion of the shoulders, but no exam findings are recorded identifying tendonitis at the shoulder.