

<b>Case Number:</b>	CM13-0000485		
<b>Date Assigned:</b>	09/11/2013	<b>Date of Injury:</b>	01/14/2013
<b>Decision Date:</b>	02/06/2014	<b>UR Denial Date:</b>	05/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 62 year-old female sustained a cumulative trauma injury on 1/14/13 while employed by [REDACTED]. Requests under consideration include 12 sessions of physical therapy, MRI of the cervical spine w/o contrast, MRI of the lumbar spine, and MRI of both shoulders. Initial evaluation from current physician [REDACTED] is dated 4/13/13. The patient noted she was evaluated by orthopedist and underwent carpal tunnel release on 3/25/13, reportedly without post-operative physical therapy. She has undergone cortisone injections for the shoulders with some relief, but no date was provided. There has been no EMG, no MRIs, no physical therapy, and acupuncture. Present complaints are recurrent headaches and vomiting; intermittent pain of the neck shooting to shoulders and arms; Continued pain in shoulders with shooting stabbing pain, increasing with reaching and lifting over the shoulder level; Continuous elbow pain radiating to hands/fingers; Continuous bilateral wrist and hand pain with swelling, burning, and numbness and tingling in her hands/fingers/arms; Difficulty sleeping; Continuous low back pain increased with prolonged standing, sitting, and walking. Exam of cervical spine revealed sensation reduced in bilateral median nerve distribution; Motor exam and strength are 5/5 normal; ROM in cervical spine flex/ext/rotation 44/36/64 degrees; No atrophy noted; DTRs normal; Cervical compression and Spurling tests are negative. Exam of shoulders showed no deformities; TTP; Range flex/ext/IR/ER/add 90/30/60/80/90 bilaterally equal; Yergason's, Drop arm, and apprehensions tests are negative bilaterally; impingement sign positive bilaterally; Well-healed right wrist scar; No tenderness over pressure joints, muscles or tendinous structures; Sensation reduced in both hands, but is not clearly defined; Phalen's, Finkelstein's and Tinel's negative bilaterally. Lumbar spine showed spasm and tenderness; no deficit in any sensory dermatomes; muscle testing 5/5; DTRs 2+ bilaterally; Spu

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Physical therapy (12 sessions): 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:** Submitted reports have no acute flare-up or specific physical limitations to support for physical therapy. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. There is unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. The employee has failed conservative treatment without physiologic evidence of tissue insult, neurological compromise, or red-flag findings to support treatment request. The 12 sessions of physical therapy is not medically necessary and appropriate.

### **MRI of the cervical spine without contrast: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171,177-179.

**Decision rationale:** Present complaints are recurrent headaches and vomiting. Exam showed tenderness and decreased range, but with intact neurological exam in motor strength, sensation, and reflexes without remarkable provocative testing as Spurling's and Compression are negative. The employee is without physiologic evidence of tissue insult, neurological compromise, or red-flag findings to support imaging request. Criteria for ordering imaging studies include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the MRI of the Cervical spine nor document any specific clinical findings to support this imaging study as the patient has intact motor strength, DTRs, and sensation throughout bilateral upper extremities. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an

imaging study. The MRI of the cervical spine w/o contrast is not medically necessary and appropriate.

**MRI of the 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): 303-304.

**Decision rationale:** ACOEM Treatment Guidelines state that criteria for ordering imaging studies such as the requested MR (EG, Proton) spinal canal and contents, Lumbar without contrast, include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for MRI of the Lumbar spine nor document any specific clinical findings to support this imaging study. The patient has intact motor strength, DTRs, and sensation throughout bilateral lower extremities. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI of the lumbar spine is not medically necessary and appropriate.

**MRI for the shoulders:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209,214.

**Decision rationale:** Guidelines state routine MRI or arthrography is not recommended without surgical indication such as clinical findings of rotator cuff tear. It may be supported 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; however, this has not been demonstrated. Criteria for ordering imaging studies such include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication

for the MRI. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI of both shoulders is not medically necessary and appropriate.