

Case Number:	CM13-0008951		
Date Assigned:	12/13/2013	Date of Injury:	11/25/2006
Decision Date:	02/03/2014	UR Denial Date:	07/01/2013
Priority:	Standard	Application Received:	08/08/2013

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 Orthopedic Surgery and Sports Medicine 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.

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 patient is a 67-year-old female who reported an injury on 11/26/2006. The mechanism of injury was being hit by falling items. The patient's initial course of treatment is unclear; however, she had a recent cervical MRI done on 09/16/2013. This imaging study revealed multilevel disc osteophyte complexes and central canal stenosis with neural foraminal narrowing which is most severe at C6-7. Previous therapies also include physical therapy for the bilateral shoulders, neck, and epidural steroid injections to the cervical spine. The most recent physical exam dated 08/08/2013 recorded the patient's range of motion to the cervical spine as 30 degrees of flexion, 15 degrees of extension, 45 degrees of left lateral rotation, 45 degrees right lateral rotation, 15 degrees left lateral flexion, and 15 degrees right lateral flexion. The patient also is noted to have pain with left shoulder abduction up to 90 degrees and left shoulder muscle strength of 3/5. Right shoulder range of motion is reported to be painful up to 90 degrees with right shoulder strength 3/5. The patient's current diagnoses included neck pain, headache, myofascial pain syndrome, cervical degenerative disc disease, and obesity. The only included medications in the most recent clinical note include unknown dosage and frequencies of Prozac, Skelaxin, and Voltaren gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT MRI CERVICAL SPINE WITHOUT CONTRAST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Chapter Neck, Chapter Shoulder, Web Edition.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG, Neck & Upper Back, Magnetic Resonance Imaging

Decision rationale: The California MTUS/ACOEM Guidelines did not address repeat MRIs; therefore, the Official Disability Guidelines were supplemented. ODG does not recommend a repeat MRI unless there has been a significant change in symptoms or findings suggestive of a significant pathology such as tumor, infection, fracture, neurocompression, or recurrent disc herniation. In the most recent available clinical notes dated 10/02/2013 and 08/08/2013, there is no mention of an onset of new symptoms. Since the patient recently received an MRI of the cervical spine on 09/16/2013, there is no indication for a repeat study at this time. As such, the request for an OUTPATIENT MRI CERVICAL SPINE WITHOUT CONTRAST is non-certified.

PHYSICAL THERAPY TWO TIMES A WEEK FOR FOUR WEEKS FOR BILATERAL SHOULDERS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Chapter Neck, Chapter Shoulder, Web Edition

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

Decision rationale: The California MTUS Guidelines recommend active therapy for restoring flexibility, strength, endurance, function, range of motion, and to alleviate discomfort. It is noted in the clinical records that the patient began physical therapy on 07/22/2013 for the treatment of her bilateral shoulders. At that time, the patient was reported to have bilateral shoulder flexion and abduction of 80 degrees and although the patient reported pain, there was no functional limitation. 8 sessions of physical therapy were ordered; however, there was no discharge note indicating the patient completed all 8. The California MTUS recommends 9 to 10 visits for myalgia and myositis unspecified; however, without knowing if the patient completed her initial 8 therapies, medical necessity cannot be determined. As such, the request for PHYSICAL THERAPY TWO TIMES A WEEK FOR FOUR WEEKS FOR BILATERAL SHOULDERS is non certified.

BILATERAL SHOULDER SUBACROMIAL CORTISONE INJECTIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Chapter Neck, Chapter Shoulder, Web Edition.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213.

Decision rationale: The California MTUS Guidelines did not address cortisone injections in the shoulder. ACOEM recommends cortisone injections to treat subacute and chronic conditions such as impingement syndrome and rotator cuff tears. However, the patient has no current diagnosis of either of these 2 conditions. Furthermore, injections are recommended to be administered after 3 to 4 weeks of conservative care to include physical therapy. As stated before, it is unclear if the patient completed her 8 sessions of physical therapy, as there is no documentation detailing her progress throughout. As such, the request for BILATERAL SHOULDER SUBACROMIAL CORTISONE INJECTIONS is non certified.