

Case Number:	CM13-0016683		
Date Assigned:	12/11/2013	Date of Injury:	12/27/2012
Decision Date:	05/05/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	08/26/2013

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. The expert reviewer is Board Certified in Physical Medicine and 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 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/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 is a patient with a date of injury of 12/27/12. A utilization review determination dated 8/15/13 recommends non-certification of physical therapy (PT) and MRI of the cervical spine. The 8/7/13 medical report identifies that the patient has continued with therapy, with some improvement, but she remains symptomatic, with the cervical spine being the most troublesome area. On exam, there is cervical spine tenderness and mild muscle spasm. The range of motion (ROM) is limited. There is left shoulder tenderness and positive impingement and 4/5 strength, with some limited ROM. There is greater passive ROM, without obvious adhesive capsulitis. There is patchy decreased sensation in the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 176-177.

Decision rationale: The MTUS/ACOEM Guidelines support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an

invasive procedure. Within the documentation available for review, there is no indication of any red flags, focal neurologic deficit, or any other clear indication for an MRI. In the absence of such documentation the requested cervical MRI is not medically necessary.

PHYSICAL THERAPY (2) TIMES A WEEK FOR (6) WEEKS FOR TREATMENT OF THE CERVICAL SPINE: 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 Page(s): 98-99.

Decision rationale: The Chronic Pain Guidelines indicate that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Within the documentation available for review, there is documentation of completion of prior physical therapy (PT) sessions with improvement, although the specifics regarding the improvement are not clearly documented. Additionally, there is no documentation as to why any remaining deficits cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the guidelines support only up to ten (10) PT sessions for this injury and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently request is not medically necessary.

PHYSICAL THERAPY (2) TIMES A WEEK FOR (6) WEEKS FOR THE LEFT SHOULDER: 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 Page(s): 98-99.

Decision rationale: The Chronic Pain Guidelines indicate that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Within the documentation available for review, there is documentation of completion of prior physical therapy (PT) sessions with improvement, although the specifics regarding the improvement are not clearly documented. Additionally, there is no documentation as to why any remaining deficits cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the guidelines support only up to ten (10) PT sessions for this injury and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently request is not medically necessary.