

Case Number:	CM13-0030225		
Date Assigned:	11/27/2013	Date of Injury:	05/08/2012
Decision Date:	02/10/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/27/2013

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 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:

The patient is a 55-year-old female who was injured in a work related accident on 05/08/12. Records for review in this case include a 06/04/13 assessment, indicating reassessment of her frequent headaches, neck pain, and bilateral upper extremity complaints. The record showed cervical range of motion to be diminished with 4+/5 strength to the right hand and diminished strength to the right upper extremity proximal muscles. The diagnosed was a chronic strain to the right shoulder, chronic headaches, bilateral L5 radiculopathy, and moderate carpal tunnel syndrome. The provider recommended continuation of medication management as well as recommendations with aqua therapy to be performed daily at the [REDACTED]. Formal request in this case is also present for a shoulder magnetic resonance imaging (MRI) scan to be performed. Previous clinical records for review fail to demonstrate prior imaging to the shoulder or formal physical examination to the shoulder noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196.

Decision rationale: Based on the California ACOEM Guidelines, shoulder magnetic resonance imaging (MRI) scan would not be indicated. MRI scans of the shoulder are only recommended if there is evidence of physiological evidence of tissue insult or neurovascular dysfunction, or failure to progress in a program of rehabilitation to avoid surgical process. The records provided in this case fail to demonstrate specific physical examination findings to the shoulder that would warrant an acute imaging assessment. This specific request in this case would not be indicated per records for review.

Aquatic Therapy daily at GYM/██████: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 18th Edition, 2013 Updates: Low back procedure - Gym memberships.

Decision rationale: Based on the California MTUS Guidelines, the role of aquatic therapy in this case also would not be indicated. The records provided in this case would not support the need for further formal physical therapy or aquatic therapy at this stage in the claimant's chronic course of care. Particularly, therapy to be performed in a gym or ██████ facility, that in an of itself, would not be considered medical treatment would not be supported as well. The role of this specific request, given the claimant's current clinical function, and lack of documentation of inability to perform self directed land based exercises would not be indicated.