

<b>Case Number:</b>	CM13-0032644		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	05/23/2008
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma and Texas. 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 53-year-old female who reported an injury on 05/23/2008. The patient is diagnosed with rotator cuff sprain and strain, lumbar sprain and strain, lumbosacral radiculopathy, wrist tendonitis and bursitis, ankle tendonitis and bursitis, and shoulder impingement. The patient was seen by [REDACTED] on 10/07/2013. The patient reported ongoing complaints of left shoulder pain as well as neck and low back pain. Physical examination revealed spasm, tenderness and guarding, limited range of motion, and left shoulder impingement. Treatment recommendations were not provided. The patient was referred to a new primary treating physician at that time.

### 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. Decision based on Non-MTUS Citation ODG

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

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state criteria for ordering imaging studies include the emergence of a red flag, physiologic evidence of tissue

insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or for clarification of the anatomy prior to an invasive procedure. As per the clinical notes submitted, the latest physical examination provided for review was documented by [REDACTED] on 10/07/2013. There was no significant change in the patient's symptoms that would warrant the need for an imaging study. The patient's physical examination only revealed spasm with tenderness and guarding in the paravertebral musculature of the cervical and lumbar spine. Documentation of a significant neurologic deficit is not provided. The medical necessity for the requested service has not been established. As such, the request is non-certified.

**MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Magnetic Resonance Imaging

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection on an imaging test to define a potential cause, including MRI for neural or other soft tissue abnormality. As per the clinical notes submitted, the latest physical examination by [REDACTED] on 10/07/2013 indicated only spasm with tenderness and guarding in the paravertebral musculature of the cervical and lumbar spine. Documentation of a significant neurologic dysfunction was not provided. The medical necessity has not been established. Therefore, the request is non-certified.

**MRI arthrogram of the left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

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

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state primary criteria for ordering imaging studies are the emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, or for clarification of the anatomy prior to an invasive procedure. As per the clinical notes submitted, the latest physical examination on 10/07/2013 only indicated left shoulder impingement with decreased range of motion. Documentation of a significant neurovascular dysfunction was not provided. There is also no evidence of this patient's recent failure to progress in a strengthening program. Based on the clinical information received, the request is non-certified.

**12 physical therapy visits for the right foot and ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot Chapter, Physical Therapy.

**Decision rationale:** California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, and range of motion, and can alleviate discomfort. Official Disability Guidelines state treatment for an ankle foot and sprain includes 9 visits over 8 weeks, and treatment for an Achilles bursitis or tendonitis includes 9 visits over 5 weeks. The current request for 12 physical therapy visits for the right foot and ankle exceeds guideline recommendations. Additionally, the latest physical examination documented on 10/07/2013 by [REDACTED], did not address either of the lower extremities. The medical necessity has not been established. Therefore, the request is non-certified.