

Case Number:	CM13-0034131		
Date Assigned:	03/03/2014	Date of Injury:	10/31/2012
Decision Date:	07/07/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/11/2013

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 Occupational 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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, upper back pain, lower back pain, wrist pain, elbow pain, and shoulder pain reportedly associated with an industrial injury of October 31, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of chiropractic manipulative therapy; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated September 19, 2013, the claims administrator denied a request for extensive physical therapy, head MRI imaging, and shoulder MRI imaging. A variety of mislabeled MTUS and non-MTUS Guidelines were cited, including the misnumbered page "474" of the MTUS Chronic Pain Medical Treatment Guidelines. An earlier progress note of August 13, 2013 was sparse, notable for 8/10 multifocal hand, elbow, neck, and back pain with associated headaches. The applicant was reportedly not working. It was stated that the applicant was also reporting dizziness and insomnia. A neurology consultation to evaluate vertigo and dizziness was endorsed. A variety of oral and topical medications were prescribed. The applicant was advised to remain off of work, on total temporary disability. The applicant apparently earlier underwent lumbar MRI imaging on June 5, 2013, which was notable for multilevel low-grade spondylotic changes and facet hypertrophy of uncertain significance. MRI imaging of the brain of June 5, 2013 was interpreted as unremarkable. An earlier shoulder MRI of June 5, 2013 was notable for acromioclavicular arthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 X 8 TO CERVICAL/UPPER AND LOWER LUMBAR/ LEFT SHOULDER-ELBOW/BILATERAL WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL THERAPY Page(s): 474.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic.; MTUS 9792.20f Page(s): 99.

Decision rationale: The 16 sessions of treatment proposed here, in and of themselves, would represent treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts. No clear rationale for treatment this far in excess of the guideline was provided. It was further noted that the applicant has, in fact, had unspecified amounts of prior physical therapy over the life of the claim and has failed to affect any lasting benefit or functional improvement as defined in MTUS 9792.20f through the same. The applicant remains off of work, on total temporary disability. The applicant remains highly reliant and highly dependent on various forms of medical treatment. All of the above, taken together, argue against any functional improvement as defined in MTUS 9792.20f through prior physical therapy. Therefore, the request for additional physical therapy is not medically necessary.

REPEAT MRI TO BRAIN: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Radiology (ACR), Guideline for the performance and interpretation of MRI imaging of the brain.

Decision rationale: The MTUS does not address the topic. While the American College of Radiology (ACR) does acknowledge that MRI imaging of the brain is indicated to evaluate posttraumatic brain injuries/headaches, as are present here, in this case, however, the applicant had earlier unremarkable MRI imaging in June 2013. No clear deterioration in the clinical picture was evident so as to support repeat MRI imaging of the brain. No compelling rationale for repeat study had been furnished by the attending provider. Therefore, the request is likewise not medically necessary.

MRI LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214.

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

Decision rationale: While the MTUS-adopted ACOEM Guidelines in Chapter 9, Table 9-6 do note that MRI imaging is recommended in the preoperative evaluation of partial-thickness or large full-thickness rotator cuff tears, in this case, however, there was no mention of the applicants actively considering or contemplating shoulder surgery. There was no evidence that a full-thickness or partial-thickness rotator cuff tear was suspected here. The applicant had, as noted previously, had earlier essentially unremarkable shoulder MRI imaging notable only for acromioclavicular arthropathy. No compelling rationale was attached to endorse repeat shoulder MRI imaging here. There was, as noted previously, no evidence that the applicant was actively considering or contemplating shoulder surgery. Therefore, the request for shoulder MRI imaging is not medically necessary.

MRI OF THE LUMBAR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 304, imaging studies of the lumbar spine should be reserved for cases in which surgery is being considered or red-flag diagnoses are being evaluated. In this case, however, there was no mention of any red-flag diagnoses such as cauda equina syndrome, tumor, fracture, infection, etc. being considered here. There is no evidence that the applicant had any focal lower extremity neurologic compromise and/or was considering lumbar spine surgery. Therefore, the request is not medically necessary.