

Case Number:	CM13-0041566		
Date Assigned:	12/27/2013	Date of Injury:	02/09/2012
Decision Date:	02/20/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/11/2013

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 & Rehabilitation, has a subspecialty in Pain Medicine 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 a work-related injury on 02/09/2012, specific mechanism of injury not stated. The patient currently presents for treatment of the following diagnoses: neck, right shoulder and low back pain. The clinical note dated 08/14/2013 reported that the patient was seen under the care of [REDACTED]. The provider documented that the patient continued to report pain to the right side of her cervical spine, radiating to the shoulder and down into the arm with associated numbness to the little finger. The provider documented that the patient underwent an electrodiagnostic evaluation that was essentially normal. The provider documented that the patient was working; however, she continued to report right shoulder and right hand pain. The patient had been utilizing Neurontin. The provider documented that upon physical exam of the patient, diffuse tenderness to the right cervical paraspinal muscles and superior trapezius muscles were noted. In addition, trigger points in the superior trapezius muscles with radiating pain into the head and chest were noted. There was decreased range of motion of the cervical spine with right rotation. The right shoulder had some diffuse tenderness; however, range of motion was approximately 90%. The provider is recommending that the patient undergo MRIs of the cervical spine and right shoulder to evaluate for any underlying anatomic abnormalities and physical therapy 2 times a week for 3 weeks for the cervical spine and right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week times 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines-online version-neck-Physical Therapy; neck-MRI studies; Shoulder-MRI studies

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

Decision rationale: The current request is not supported. The clinical documentation submitted for review fails to evidence when the patient last utilized physical therapy interventions and the efficacy of treatment. The California MTUS indicates to allow for a fading of treatment frequency from up to 3 visits per week to 1 or less plus active, self-directed home physical medicine. It is unclear if or when or duration or efficacy of treatment the patient has utilized physical therapy interventions for an injury status post a work-related injury of over 2 years. Given all of the above, the request for physical therapy 2 times a week times 3 weeks is neither medically necessary nor appropriate.

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines-online version-neck-Physical Therapy; neck-MRI studies; Shoulder-MRI studies

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: The current request is not supported. The clinical documentation submitted for review failed to evidence the patient's course of treatment since status post her work-related injury sustained in 02/2012. The clinical documentation submitted for review does not indicate when the patient last underwent imaging studies of the cervical spine or right shoulder. Additionally, the California MTUS indicates that the primary criteria for ordering imaging studies are the emergence of a red flag, physiologic evidence of tissue insult and neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery and clarification of the anatomy prior to an invasive procedure. Given all of the above, the request for an MRI of the cervical spine is not medically necessary or appropriate.

MRI of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-online version-neck-Physical Therapy; neck-MRI studies; Shoulder-MRI studies

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

Decision rationale: The current request is not supported. The clinical documentation submitted for review failed to evidence the patient's course of treatment since status post her work-related injury sustained in 02/2012. The clinical documentation submitted for review does not indicate when the patient last underwent imaging studies of the cervical spine or right shoulder. Additionally, the California MTUS indicates, the primary criteria for ordering imaging studies are the emergence of a red flag, physiologic evidence of tissue insult and neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery and clarification of the anatomy prior to an invasive procedure. Given all of the above, the request for an MRI of the right shoulder is not medically necessary or appropriate.