

Case Number:	CM13-0042734		
Date Assigned:	12/27/2013	Date of Injury:	10/17/2011
Decision Date:	02/25/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/31/2013

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 53-year-old female who was injured in a work related accident on 10/17/11. The recent clinical records for review included a 10/04/13 chiropractic report by [REDACTED] noting continued cervical complaints with examination showing restricted range of motion, tenderness to palpation over the paravertebral muscles with spasm and a shoulder examination on the right with 4/5 motor tone, diminished range of motion that was painful, and tenderness over the AC joint, glenohumeral joint, lateral shoulder, supraspinatus and trapezius. The claimant was diagnosed with cervical strain, impingement syndrome, muscle spasm and depression. It was also documented that she was status post a prior right shoulder surgical procedure in the form of a rotator cuff repair on 03/11/13. There was documentation that postoperative care included chiropractic measures and physical therapy. Currently, there is a request for an MRI of the cervical spine, an MRA of the right shoulder and continuation of physical therapy, one to two weeks per four additional weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165.

Decision rationale: Based on California ACOEM 2004 Guidelines, cervical MRI would not be indicated. The clinical records provided for review fail to demonstrate an acute neurologic process to the upper extremities indicative of radiculopathy that would support the acute need of an MRI in the claimant's chronic course of care. The absence of the above would fail to necessitate imaging as stated.

Open MRA of the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines,(ODG) Shoulder Chapter MR Arthrogram.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder procedure, MR arthrogram.

Decision rationale: Based on California ACOEM 2004 Guidelines and supported by Official Disability Guidelines criteria, an MR arthrogram of the shoulder would not be indicated. At present, the claimant's clinical records do not indicate progressive dysfunction of the shoulder status post rotator cuff repair. The claimant is noted to be six months following the surgical procedure having undergone postoperative care for strength and function with therapy. Based on the absence of documented deficits in regard to strength or function, the acute need for an MR arthrogram in this claimant's postoperative course of care would not be indicated.

Physical therapy one to two times per week for four weeks with chiropractor: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Postsurgical Rehabilitative 2009 Guidelines, the continuation of physical therapy with a chiropractor would not be indicated. The records indicate that the claimant has undergone a significant course of physical therapy in the postoperative setting. She is now greater than six months from the time of the operative procedure. There is no documentation to indicate that this claimant would not be capable of performing an independent home exercise program. The acute need of eight additional sessions of physical therapy would not be indicated based on the clinical records for review.