

Case Number:	CM13-0045060		
Date Assigned:	12/27/2013	Date of Injury:	03/24/2013
Decision Date:	02/28/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	10/30/2013

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 Illinois. 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 was a 33 year old male who sustained an injury to his low back, neck and left shoulder during an altercation with a combative juvenile client on 3/24/13. The patient's pain was treated with physical therapy and medications. The examination dated 7/16/13 noted objective findings of functional improvement within the patient's cervical region, lumbar region and left shoulder. The patient was noted to make significant improvement with therapy. However, the physical examination dated 8/1/13 noted loss of range of motion since the physical therapy initial evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI study of 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): 177-179.

Decision rationale: The patient had documented pain and limited range of motion to the cervical region. However, the guidelines recommend imaging studies for patients who failed to have significant improvement with 4-6 weeks of conservative care. The physical therapist

documentation dated 7/16/13 noted increased range of motion; however, the physician's documentation dated 8/1/13 noted loss of range of motion since the patient began physical therapy. Therefore, the outcome of the completed conservative care period is unknown. Given the information submitted for review the request for MRI of the cervical spine is non-certified.

MRI study of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

Decision rationale: The patient had documented pain and limited range of motion to the left shoulder. However, the guidelines recommend imaging studies for patients who failed to have significant improvement with 4-6 weeks of conservative care. The physical therapist documentation dated 7/16/13 noted increased range of motion; however, the physician's documentation dated 8/1/13 noted loss of range of motion since the patient began physical therapy. Therefore, the outcome of the completed conservative care period is unknown. Given the information submitted for review the request for MRI of the left shoulder is non-certified.

18 sessions of physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: The patient had documented pain and limited range of motion to the left shoulder. The patient was noted to make significant improvement with physical therapy sessions per the physical therapy notes. However, the documentation submitted for review is inconsistent. The physical therapist documentation dated 7/16/13 noted increased range of motion upon reevaluation. However, the physician's documentation dated 8/1/13 noted loss of range of motion since the patient began physical therapy. Therefore, the outcome of the physical therapy is unknown. Furthermore, the request does not address the period of time for treatment. The guidelines recommend sessions over 4 weeks. The duration of treatment allows for re-evaluation for efficacy of treatment. In addition the guidelines recommend 8-10 sessions of physical therapy. Therefore, the requested 18 sessions exceed guideline recommendations. Given the information submitted for review the request for 18 sessions of physical therapy is non-certified.