

Case Number:	CM13-0047443		
Date Assigned:	12/27/2013	Date of Injury:	08/21/2008
Decision Date:	02/24/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	11/01/2013

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 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:

This 63 year old male sustained an injury on 8/21/08. Requests under consideration include an MRI of the bilateral shoulders, MRA (arthrogram) of the right shoulder, MRI of the lumbar spine, and 8 physical therapy visits. Per hand-written illegible report dated 9/24/13 from [REDACTED], the patient complained of persistent bilateral shoulder pain and constant low back pain 6/10 with leg pain/weakness; and decrease function (unspecified). Under objective findings documented: "No changes to P.E. (same as 8/13/13)." Diagnoses included bilateral shoulders with rotator cuff tears s/p right shoulder surgery with residual; and lumbosacral discopathy with radiculopathy. Treatment included MRIs as above; PT; Topical cream, Terocin patches; P&S status. Per visit of 8/13/13, the patient showed decreased shoulder range of motion with stiffness in the left shoulder; lumbar spine revealed decreased flexion and extension and marked pain consistent with facet syndrome. Treatment at that time included physical therapy and medications. Requests were non-certified on 10/4/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Bilateral Shoulders:

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 208-209. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder (Acute & Chronic), May 2009.

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

Decision rationale: According to the ACOEM Guidelines, the criteria for ordering imaging studies include red flags, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. The medical records provided for review do not demonstrate such criteria and without clear specific evidence to support the diagnostic studies, medical necessity for bilateral shoulder MRIs have not been established. The request for MRIs of the bilateral shoulders is not medically necessary and appropriate.

MRI Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back-Lumbar & Thoracic (Acute & Chronic), May 2009.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: The ACOEM Guidelines' criteria for ordering imaging studies include emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the MRI of the Lumbar spine nor document any specific clinical findings to support this imaging study as the patient has intact motor strength and sensation throughout bilateral lower extremities. The MRI of the lumbar spine is not medically necessary and appropriate.

8 physical therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation ODG Physical Therapy Guidelines

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

Decision rationale: According to the MTUS Chronic Pain Guidelines, physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress

with the PT treatment already rendered including milestones of increased range of motion, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The MTUS Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received physical therapy treatments without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up and the patient has been instructed on a home exercise program for this injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The 8 physical therapy visits is not medically necessary and appropriate.