

Case Number:	CM13-0059976		
Date Assigned:	12/30/2013	Date of Injury:	11/17/2008
Decision Date:	05/08/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/02/2013

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 Physical Medicine and 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 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:

This is a 55-year-old female with a date of injury 11/17/2008. The mechanism of injury was not provided. The injured worker has a history of neck and left shoulder pain and is status post open repair rotator cuff, left arm pain, low back pain, and a history of Arnold-Chiari malformation repair. On 10/10/2013, the injured worker presented reporting continued pain in the left shoulder, low back pain, and left sided neck pain. On physical exam of the cervical spine, there was spasm, pain and decreased range of motion. Radiculopathy was noted at left C5-7. There was also tenderness to palpation over the left cervicotrachezial ridge. An exam of the left shoulder revealed painful range of motion on the left and forward flexion at 90 degrees, abduction 80 degrees and tenderness to palpation over the incision and over the biceps. There was also reported pain with range of motion, swelling and stiffness. An exam of the lumbar spine revealed spasm, painful range of motion as well as limited range of motion. There was a positive Lasegue's on the right and a positive straight leg raise on the right to 70 degrees and pain on the right at S1 distribution with pain on axial loading. An official MRI of the cervical spine on 09/26/2013 revealed at C4-5 focal central disc protrusion effacing the thecal sac. At C5-6, there was focal central disc protrusion effacing the thecal sac. At C6-7, there was focal central disc protrusion effacing the thecal sac. An unofficial MRI of the left shoulder dated 09/26/2013 revealed postsurgical changes of superior aspect of humeral head. Supraspinatus and infraspinatus tendinosis was noted. Diagnoses were status post left shoulder rotator cuff repair with residual pain, multilevel discogenic disease, Arnold-Chiari type I malformation status repair, multiple cervical disc bulges, lumbar discogenic disease, and increased low back pain. A request was authorization was received on 11/08/2013 which included clinical from the office visit 10/10/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2X6 LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The California MTUS Guidelines recommend active treatment versus passive modalities. A home exercise program is also recommended. For rotator cuff repair (open), recommended post-surgical treatment is 30 visits over 18. The request for physical therapy 2x6 for the left shoulder is non-certified. The injured worker did present on examination with decreased range of motion and residual pain. However, the response from previous physical therapy and identified functional impairments/deficits was not included as well as the number of treatments completed to date. Also, a re-evaluation for physical therapy including treatment plan and instructions for a home exercise program for furthering strengthening, exercise, and improving functional impairments was not provided as well. As such, the request is non-certified.

MRI L SHOULDER: Upheld

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

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

Decision rationale: The California MTUS/ACOEM Guidelines recommend magnetic resonance imaging due to the diagnostic and therapeutic impact and comparable accuracy. Magnetic resonance imaging may be the preferred investigation because it demonstrates soft tissue anatomy better. The request for MRI of the left shoulder is non-certified. The MRI on 09/26/2013 did reveal postsurgical changes; however, no apparent new deficits were noted in the documentation submitted for review which would not be supported by the guidelines. As such, the request is non-certified.

MRI C SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 211-214.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The California MTUS.ACOEM Guidelines recommend if there is indication of tissue insult or nerve impairment, additional studies may be considered to further define problem areas. The request for MRI of the c spine is non-certified. On physical exam, there was no evidence provided how severe and/or progressive neurologic changes. The guidelines would not support the request for the MRI due to any significant neurological deficits since the last MRI of 09/26/2013. As such, the request is non-certified.