MAXIMUS Federal Services

Case Number:	CM13-0063766		
Date Assigned:	12/30/2013	Date of Injury:	04/23/2006
Decision Date:	05/10/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	12/10/2013

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, has a subspecialty in Sports Medicine and is licensed to practice in 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 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:

The injured worker is a 60-year-old female who reported an injury on 04/23/2006. The mechanism of injury was not provided. Current diagnoses include adhesive capsulitis of the left shoulder, cervical sprain, lumbar sprain, and depression. The injured worker was evaluated on 10/23/2013. The injured worker reported persistent cervical spine pain, lumbar spine pain, and left shoulder pain. Prior conservative treatment was not mentioned. Physical examination revealed limited cervical range of motion, limited left shoulder range of motion, adhesive capsulitis of the left shoulder, and limited lumbar range of motion. Treatment recommendations included a left shoulder MRI, a cervical spine MRI, a lumbar spine MRI, continuation of current medication, and physical therapy for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT FOLLOW UP VISIT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state physician follow-up generally occurs when a released to modified, increased, or full activity is needed, or after appreciable healing or recovery can be expected. As per the documentation submitted, the injured worker's physical examination does reveal adhesive capsulitis of the left shoulder. However, the injured worker was also found to be permanent and stationary. There is no indication of a progression or worsening of symptoms or physical examination findings that would necessitate additional follow-up visits. The current medication regimen was not provided. The injured worker has not been authorized to undergo any diagnostic studies. There is also no indication of this injured worker's active participation in a functional rehabilitation program. The medical necessity for ongoing follow-up visits has not been established. As such, the request is non-certified.

MRI OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK CHAPTER, MAGNETIC RESONANCE IMAGIN (MRI)

Decision rationale: California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause. Official Disability Guidelines state indications for imaging include thoracic or lumbar spine trauma, uncomplicated low back pain with exceptional factors, uncomplicated low back pain with radiculopathy after 1 month of conservative therapy, or myelopathy. There is no documentation of a significant musculoskeletal or neurological deficit with regard to the lumbar spine. There is also no mention of an attempt at conservative treatment for the lumbar spine. Based on the clinical information received, the request is non-certified.

MRI OF THE LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state primary criteria for ordering imaging studies includes the emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program, or for clarification of the anatomy prior to an invasive procedure. As per the documentation submitted, the injured worker does maintain a diagnosis of adhesive capsulitis. However, there is no documentation of a failure to progress in a strengthening program. There were no plain films obtained prior to the request for an MRI. Based on the clinical information received, the request is non-certified.

PHYSICAL THERAPY THREE (3) TIMES A WEEK FOR SIX (6) WEEKS FOR THE CERVICAL, LUMBAR, AND LEFT SHOULDER: Upheld

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

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

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Treatment for myalgia and myositis includes 9 to 10 visits over 8 weeks. The current request for 18 sessions of physical therapy exceeds guideline recommendations. Therefore, the request is non-certified.

MRI CERVICAL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding the next steps, including the selection of an imaging test to define a potential cause. As per the documentation submitted, there was no evidence of a significant musculoskeletal or neurological deficit with regard to the cervical spine. There is no mention of an attempt at conservative treatment prior to the request for an imaging study. Based on the clinical information received, the request is non-certified.