

<b>Case Number:</b>	CM14-0003628		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	11/18/2011
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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 Occupational Medicine 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:

The patient is an employee of the [REDACTED] and has submitted a claim for subacromial impingement associated with an industrial injury date of November 18, 2011. Treatment to date has included chiropractic, acupuncture, physical therapy and pain medications. Medical records from 2012 to 2013 were reviewed. Patient complained of pain in the neck and right shoulder with radiation to right upper extremity. On physical exam there was tenderness post cervical and trapezial region (Right more than Left), limited motion of the right shoulders and decreased light touch at right C4-C5. Cervical spine x-ray, dated October 14, 2013 and Cervical MRI last April 6, 2012 were both normal. Utilization review from December 12, 2013 partially certified the request for 8 sessions of physical therapy (2x4), right shoulder-- modified to 3 sessions. The review on the other hand denied the request for cervical spine MRI. Additional physical therapy sessions were denied due to absence of significant deficit that will warrant a continued skilled therapy. MRI was denied because there is no significant change in the clinical findings since previous normal cervical MRI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY EIGHT SESSIONS 2 TIMES 4 FOR THE RIGHT SHOULDER:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN TREATMENT GUIDELINES FOR PHYSICAL MEDICINE, ,

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

**Decision rationale:** Pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines state that treatment regimens should be tapered and transitioned into a self-directed home program. In this case, the patient completed 8 sessions of physical therapy last November 8, 2013. The documents provided for the physical therapy sessions were handwritten and are illegible. There was no evidence of functional improvement from the previous sessions. The patient should be well versed in a home exercise program by now. Furthermore, there is no documented definite functional goal that should be achieved with the patient's re-enrollment to this program. Therefore, the request for eight (8) physical therapy sessions for the right shoulder is not medically necessary and appropriate.

**MRI OF THE CERVICAL SPINE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 8,

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

**Decision rationale:** As stated on pages 179-180 of CA MTUS ACOEM Practice Guidelines, imaging studies are supported for red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program; and clarification of the anatomy prior to an invasive procedure. It is further noted that physiologic evidence may be in the form of definitive neurologic findings on physical examination, or electrodiagnostic studies. In this case, the patient had a previous cervical MRI dated April 6, 2012 with normal results. There are no noted new trauma or injury. Recent clinical findings show no significant changes from before. There was no discussion regarding the need to clarify anatomy for a contemplated invasive procedure and there was no mention of failure of progression in a strengthening program. The necessity of such procedure was not established therefore, the request for MRI of the cervical spine is not medically necessary and appropriate.