

Case Number:	CM14-0103076		
Date Assigned:	09/16/2014	Date of Injury:	05/07/2013
Decision Date:	10/15/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	07/03/2014

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 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:

The patient is a 20-year-old female with a date of injury of 5/07/13. Mechanism of injury to the right shoulder was lifting a case of soda. Initial evaluation of the patient showed reduced range of motion at the right shoulder with moderate tender points. Initial diagnosis was right shoulder spray. The patient was given in Velcro shoulder immobilizer and prescribed medications at the initial evaluation. Further care was provided, including PT. She was returned to regular duty in July of 2013, but had recurrence of symptoms. Due to persistence of symptoms she was referred to orthopedics on 11/18/13. 11/06/13 MRI was noted and normal. Ortho exam only showed 120 degrees of flexion and 90 of abduction. Ortho gave diagnosis of RTC (rotator cuff) tendinitis. Another orthopedist evaluated her on 2/27/13 and diagnosed her with cervical disc herniation with myelopathy, lumbar disc displacement, right adhesive capsulitis, right medial/lateral epicondylitis, right CTS (carpal tunnel syndrome), right wrist tendinitis, and thoracic strain. Further PT was recommended. The patient was taken off work. By 4/09/14 follow-up, symptoms persisted and work hardening/conditioning was recommended. There is no documentation of an employer-employee return to work agreement. By 5/06/14, additional work hardening is recommended. Functional improvement is not with regards to function at work. Request for MRI and work hardening/work conditioning was submitted to Utilization Review with non-certification recommended on 6/06/14. The rationale was that there employer-employee agreement and that the patient had completed 11 sessions. MRI was not recommended due to prior recent MRI showing no abnormalities. Elbow MRI was not justified due to no abnormal findings on exam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Hardening Quantity: 10 (Work hardening/conditioning - 10 visits at 3 x weekly until 10 visits completed): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125-126. Decision based on Non-MTUS Citation Official Disability Guidelines - Physical Medicine Guidelines - Work Conditioning

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening Page(s): 125-126.

Decision rationale: The CA MTUS gives criteria for this type of program that includes a musculoskeletal conditions that limits abilities to safely do current job, not likely to benefit from continued therapy/conditioning, not a candidate for further surgery/treatments, can participate 4 hours/day x 3-5 days/week, there is an employer-employee return to work goal that is agreed upon, the patient must be able to benefit, it is not more than 2 years from injury, it is completed in 4 weeks or less, treatment is not supported for longer than 1-2 weeks without compliance and significant gains, and repeating the program is not warranted. In this case, there is no documentation of an employer-employee return to work goal/plan that is agreed upon. Also, the patient completed 11 sessions with no documentation of significant functional benefit. It should also be noted that the patient has had extensive therapy prior to this, does not appear to have strenuous job requirements, and is only 20 years old. Medical necessity for additional work hardening/conditioning x 10 is not established.

MRI 3-D of the right shoulder and right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ACOEM Guidelines Elbow Disorders; Official Disability Guidelines - Elbow (updated 05/15/14) MRI's

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Revised (2007) Elbow Disorders, Magnetic resonance imaging (MRI) pages 43 and 51 and on the Official Disability Guidelines (ODG) Shoulder, Elbow, Magnetic resonance imaging (MRI)

Decision rationale: ACOEM states that when surgery is considered for a specific anatomic defect, MRI imaging demonstrates soft tissue anatomy well, and may be considered for patients whose limitations due to consistent symptoms have persisted for one month or more. In this case, the patient has already had MRI of the shoulder. There are no findings or clinical history of the elbow that justifies MRI. There is no clear medical necessity established for 3D imaging versus standard studies. Medical necessity for 3D MRI of the shoulder and elbow is not established.

