

Case Number:	CM14-0105939		
Date Assigned:	07/30/2014	Date of Injury:	04/09/2014
Decision Date:	08/29/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/09/2014

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 & Rehabilitation and is licensed to practice in California and Washington. 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 48-year-old female who reported an injury on 04/09/2014. The mechanism of injury was repetitive motion from the computer keyboard and mouse. Prior treatments included physical therapy for the bilateral shoulders, right wrist, and left elbow and 8 chiropractic manipulation sessions. The documentation of 06/27/2014 revealed the injured worker had subjective complaints of pain in the left head, bilateral shoulders, back, and right index finger. The injured worker was noted to have previous therapy. The injured worker had tenderness to palpation in the cervical spine and lumbar spine with cervical spine spasms. The injured worker had decreased range of motion in the cervical and lumbar spine. The injured worker was noted to have decreased strength and a positive Spurling's and distraction test. The injured worker had a positive McMurray's and drawer test on the right. The diagnoses included cervical spine musculoligamentous injury with discopathy; cervical sprain and strain; lumbar spine musculoligamentous injury with discopathy; lumbar sprain and strain; bilateral shoulder sprain and strain; left elbow medial and lateral epicondylitis; right wrist carpal tunnel syndrome, median neuritis and sprain; right index finger sprain and strain; and stress, anxiety and depression; psychological complaints; and urologic complaints. The treatment plan included an EMG/NCV, an MRI of the left shoulder, chiropractic treatment, acupuncture, a continuation of physical therapy, psychological evaluation and treatment, urology referral, and internal evaluation and treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI/CT Scan /MRA of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-8. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic).

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

Decision rationale: The ACOEM Guidelines indicate that the criteria for ordering imaging studies include the emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The clinical documentation submitted for review indicated the injured worker had objective physical examination findings. However, there was a lack of documentation indicating the injured worker had a failure to progress in a strengthening program intended to avoid surgery. Additionally, there was a lack of documentation indicating a DWC Form RFA or PR2 for the requested procedures. The request was made for an MRI of the left shoulder. Given the above and the lack of clarification, the request for 1 MRI/CT scan /MRA of the cervical spine is not medically necessary.

1 MRI/CT Scan /MRA of the 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The ACOEM Guidelines indicate that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient to warrant imaging in injured workers who do not respond to treatment or who would consider surgery an option. The clinical documentation submitted for review failed to provide objective findings to support the necessity for an MRI. Additionally, the request per the physician documentation was for an MRI of the left shoulder. There was a lack of documentation indicating a DWC Form RFA or PR2 to support the request for an MRI, CT, or MRA. Given the above, the request for 1 MRI/CT scan /MRA of the lumbar spine is not medically necessary.

1 Consult and Initial 6 acupuncture therapy, plus 3 times week for 2 month for the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Guidelines indicate that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation. The time to produce functional improvement is 3 to 6 treatments. The clinical documentation submitted for review indicated the injured worker had not previously undergone acupuncture. However, the request for an initial 6 acupuncture therapy sessions plus an additional 6 times would be considered excessive. The time to produce functional improvement is 3 to 6 treatments. There would be no time for re-evaluation with the 6 additional sessions. Given the above, the request for 1 Consult and Initial 6 acupuncture therapy, plus 3 times week for 2 month for the right wrist is not medically necessary.

10 Chiropractic care for the neck and back: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines/Chiropractic Guidelines- Therapeutic care.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58, 59.

Decision rationale: The California MTUS Guidelines indicate that manual therapy and manipulation is recommended for chronic pain if it is caused by musculoskeletal conditions. Therapy for the low back is recommended for an initial 6 sessions and with objective functional improvement a total of up to 18 visits over 6 to 8 weeks. The clinical documentation submitted for review indicated the injured worker had previously undergone chiropractic treatments. There was a lack of documentation indicating objective functional benefit that was received. Additionally, the physical examination failed to provide objective findings to support the necessity for ongoing therapy. Given the above, the request for 10 Chiropractic care for the neck and back is not medically necessary.

12 Physical Therapy 2 x6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

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

Decision rationale: The California MTUS Guidelines recommend physical medicine treatment for 8 to 10 visits for myalgia and myositis. The clinical documentation submitted for review indicated the injured worker had previously undergone 6 sessions of physical medicine treatment. There was a lack of documentation of objective functional benefit and remaining functional deficits to support the necessity for further supervised therapy. Additionally, the request as submitted failed to indicate the body part to be treated with physical therapy. Given the above, the request for 12 Physical Therapy 2 x6 is not medically necessary.