MAXIMUS Federal Services

Case Number:	CM14-0107380		
Date Assigned:	09/16/2014	Date of Injury:	12/30/2011
Decision Date:	10/23/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/10/2014

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 General Surgeon has a subspecialty in Surgical Critical Care 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:

This injured worker is a 51 year old female with a reported date of injury of December 30, 2011. Mechanism of injury is a strain/sprain due to a fall while performing the regular duties of her occupation as a caregiver. Diagnosis of rotator cuff (capsule) sprain (840.4) left. MRI of left shoulder, dated May 6, 2013 revealed acromioclavicular joint (AC joint) osteoarthritis, bursitis and tendonitis. MRI of cervical spine, dated May 6, 2013, revealed sagittal images only, degenerative disc disease, osteoarthritis C4-5, no disc herniation and no obvious stenosis. Agreed Medical Examination report, dated January 15, 2014, indicated the injured worker has a past history of injury to her left arm in 2003 and underwent left shoulder surgery. Orthopedic office visit note, dated June 12, 2014, indicates injured worker with complaints of cervical spine and lumbar spine pain. Reports neck pain radiates through the left arm down the radial aspect into the first two digits, with numbness to the left hand first two digits. She has limited neck range of motion. She also reports low back pain that radiates through the left leg anterior and posterior thigh and posterior calf to the first digit. The treating physician noted the injured worker participated in physical therapy four months prior to visit, but that it did not help. She is on one combination analgesic that helps a little and had six trigger point injections which helped for 3-4 days. She is temporarily totally disabled. Lumbar Spine x-ray, on June 12, 2014, revealed disc height loss L5-S1 and ossification anterior annulus L2-3. The treating physician recommended physical therapy for modalities and core strengthening addressing cervical and lumbar spine twice a week for six weeks and an open MRI of the lumbar spine. Prior utilization review denied request for Physical Therapy to the lumbar spine 2 X week X 6 weeks and open MRI to the lumbar spine on June 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy to the lumbar spine 2 X week X 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation ODG): Low Back - Physical Therapy

Decision rationale: This is a 51 year old female claimant who reported an industrial injury on 12/30/11. The mechanism of injury was strain sprain injury when a client was being transferred and began to fall the claimant restrained that client from falling. The claimant has been previously afforded physical therapy for 4 months from which she reported no benefit. Both ACOEM and ODG espouse transitioning to self directed active exercise based modalities. The claimant has been afforded multiple sessions of physical therapy and has been taught a self directed Home exercise program. Persistence in modalities that have had no long term benefit will only engender modality/treatment dependence. The request for physical therapy 2/week x 6 weeks far exceeds that recommended by both ACOEM/CAMTUS and ODG guidelines. Therefore the request for additional physic therapy remains not medically necessary.

Open MRI to the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 12 Low Back Complaints Page(s): 296-303. Decision based on Non-MTUS Citation (ODG): Low Back - MRI

Decision rationale: The claimant has had previous lumbar industrial injury, per Dr. Feiwell's AME report. Furthermore it appears that a lumbar MRI was ordered by Dr. Feiwell on 1/15/2014. That report is not available for review. There are no new neurologic deficits reported to warrant a repeat MRI of the lumbar spine. ODG recommends that MRI of the lumbar spine would be supported by objective neurologic deficits to warrant MRI. ACOEM would require evidence of "red flags" of which there are none documented. Therefore the request for open MRI of the lumbar spine remains not medically necessary.