MAXIMUS Federal Services

Case Number:	CM14-0108026		
Date Assigned:	08/01/2014	Date of Injury:	04/02/2011
Decision Date:	10/10/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/11/2014

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 Nevada. 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 records, presented for review, indicate that this 57-year-old female was reportedly injured on April 2, 2011. The mechanism of injury was noted as a lifting type event. The most recent progress note, dated July 23, 2014, indicated that there were ongoing complaints of neck pain (9/10), shoulder pain (10/10) and low back pain (10/10). The physical examination demonstrated muscle spasm in the cervical spine and also consistent with impingement syndrome in the right shoulder. There was also positive Phalen's test at the median nerve of the wrist and a sensory loss in the median nerve distribution bilaterally. Diagnostic imaging studies were not reported in the progress note reviewed. Previous treatment included plain films, medications, and physical therapy, acupuncture and injection therapies. A request had been made for multiple MRIs and physical therapy and was not certified in the pre-authorization process on June 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) Cervical and Thoracic Spine Disorders-Diagnostic Investigations-MRI (Electronically Cited)

Decision rationale: When noting the date of injury, the reported mechanism of injury, the finding on physical examination and that plain films have been completed, there is no data presented to suggest that there is any acute cervical pain, progressive neurological deficit or significant new trauma. Therefore, when noting the parameters outlined in the ACOEM guidelines and by the physical examination offered, there is no data presented to suggest the medical necessity of such an evaluation.

Magnetic Resonance Imaging (MRI) of the Thoracic spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Cervical and Thoracic Spine Disorders-Diagnostic Investigations-MRI (Electronically Cited)

Decision rationale: When noting the date of injury, the reported mechanism of injury, and the finding on physical examination and those plain films have been completed, there is no data presented to suggest that there is any acute cervical pain, progressive neurological deficit or significant new trauma. Therefore, when noting the parameters outlined in the ACOEM guidelines and by the physical examination offered, there is no data presented to suggest the medical necessity of such an evaluation.

Magnetic Resonance Imaging (MRI) of the Lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Low Back Disorders-Diagnostic Investigations-MRI (Electronically Cited)

Decision rationale: The ACOEM supports the use of MRI for the lumbar spine when there are unequivocal objective findings that identify specific nerve root compromise on exam and the claimant would be willing to consider operative intervention. The injured employee is afraid of needles. As such, there is a suspicion that surgery is not an option. As such, secondary to a lack of clinical documentation, the request fails to meet the ACOEM criteria and is not certified.

Right shoulder Physical Therapy two (2) times six (6): 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): 201.

Decision rationale: When noting the date of injury, the mechanism of injury, and the injury sustained, the findings reported on physical examination and with the indication that multiple sessions of shoulder physical therapy have been completed, there is no indication presented as to why an additional therapy cannot be completed with a comprehensive exercise protocol. When noting the parameters outlined in the ACOEM and by the clinical data reviewed, there is no medical necessity for additional formal of physical therapy of the shoulder presented.

Cervical spine Physical Therapy two (2) times six (6): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

Decision rationale: As outlined in the ACOEM guidelines, several sessions of physical therapy are suggested so as to initiate a home exercise protocol. When noting the medical records reviewed, multiple sessions of physical therapy have been completed. As such, when noting the parameters outlined in the ACOEM guidelines and by the physical examination recently completed and a history of physical therapy completed, there is no indication for any other than a home exercise protocol. As such, the medical necessity for additional physical therapy has not been established.

Thoracic spine Physical Therapy two (2) times six (6): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 714.

Decision rationale: As outlined in the ACOEM guidelines, several sessions of physical therapy are suggested so as to initiate a home exercise protocol. When noting the medical records reviewed, multiple sessions of physical therapy have been completed. As such, when noting the parameters outlined in the ACOEM guidelines and by the physical examination recently completed and a history of physical therapy completed, there is no indication for any other than a home exercise protocol. As such, the medical necessity for additional physical therapy has not been established.

Lumbar spine Physical Therapy two (2) times six (6): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

Decision rationale: As outlined in the ACOEM guidelines, several sessions of physical therapy are suggested so as to initiate a home exercise protocol. When noting the medical records reviewed, multiple sessions of physical therapy have been completed. As such, when noting the parameters outlined in the ACOEM guidelines and by the physical examination recently completed and a history of physical therapy completed, there is no indication for any other than a home exercise protocol. As such, the medical necessity for additional physical therapy has not been established.

Magnetic Resonance Imaging (MRI) of the right shoulder: 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: When noting the date of injury, the injury sustained the findings on physical examination and the treatment to date and by the parameters outlined in the ACOEM, there are no red flags suspicious of any acute intra-articular pathology that would warrant such an intervention evaluation. Therefore, based on the clinical records presented for review and by the guidelines noted above, this is not medically necessary.