MAXIMUS Federal Services

Case Number:	CM14-0109459		
Date Assigned:	08/01/2014	Date of Injury:	01/05/2011
Decision Date:	10/09/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/14/2014

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 indicates that this 58-year-old gentleman was reportedly injured on January 5, 2011due to being hit in the face while applying pressure to sheet metal. The most recent progress note, dated April 11, 2014, indicates that there are ongoing complaints of neck pain radiating to the bilateral upper extremities. The physical examination demonstrated decreased cervical spine range of motion and a positive Spurling's test to the right side. There was tenderness along the cervical spine and trapezius muscles. The examination of the right shoulder noted flexion limited to 85, abduction to 85, internal rotation to 25, and external rotation to 25. There was a positive Hawkins test, Neer's test, empty can test, and Speed's test. Diagnostic imaging studies of the right shoulder revealed a longitudinal labral tear, a paralegal ganglion cyst, and supraspinatus tendinosis with a 2 mm tear as well as infraspinatus tendinosis and mild AC joint arthrosis. An MRI of the left shoulder revealed subscapularis tendinosis and a partial thickness personal tear along with minimal infraspinatus and supraspinatus tendinosis and mild acromioclavicular joint arthrosis. An MRI of the cervical spine revealed a disc bulge at C3 - C4, disc extrusion at C4 - C5 likely impinging the exiting C-5 nerve roots and an extrusion at C5 - C6 likely is impinging the exiting C6 nerve roots. There was also a bulge at C6 - C7 with likely impingement of both C7 nerve roots. Nerve conduction studies of the upper extremities revealed severe bilateral carpal tunnel syndrome. Previous treatment includes a subacromial injection, right shoulder surgery, and postoperative physical therapy. A request had been made for six sessions of physical therapy and a consult with a psychiatrist and was not certified in the pre-authorization process on July 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of Physical Therapy: Upheld

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

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

Decision rationale: This request does not indicate what body part is requested for physical therapy. However, a review of the attached medical record indicates that the injured employee has previously attended therapy for the cervical spine without any documentation of objective functional improvement from this treatment. As such, this request for six sessions of physical therapy is not medically necessary.

Consult with Psychiatrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 7 pg.127

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-102.

Decision rationale: The most recent progress note dated April 11, 2014, does not indicate any symptoms that would warrant a referral to a psychiatrist. As such, this request for a consult with a psychiatrist is not medically necessary.