

Case Number:	CM14-0014281		
Date Assigned:	02/26/2014	Date of Injury:	06/24/2003
Decision Date:	08/04/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/04/2014

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 Occupational Medicine 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:

Patient is a 64-year-old male who has submitted a claim for cervical sprain, cervical disc protrusion, shoulder sprain / strain, cervical disc degeneration, knee sprain, chronic obstructive pulmonary disease (COPD), and hypertension associated with an industrial injury date of 06/24/2003. Medical records from 2013 were reviewed. Patient complained of pain at cervical area, right knee, and both shoulders. Pain was described as constant, moderate to severe intensity, with radiation to the right hand. Patient likewise complained of right knee pain associated with stiffness, crepitus, and occasional weakness. Physical examination of the cervical spine showed tenderness and muscle spasm with decreased range of motion. Spurling's test was positive at the right. Grip strength was weak on the right compared to the left. Muscle strength of right shoulder abductor was graded 5-/5. Treatment to date has included physical therapy, and medications such as Ultram, Protonix, Terocin cream, Motrin, and Soma. Utilization review from January 30, 2014 denied the requests for magnetic resonance imaging (MRI) of the cervical spine and left shoulder because there was no indication of a deterioration of patient's condition that would necessitate a repeat scan. The requests for physical therapy to the right shoulder and right knee for 8 sessions were likewise denied because patient was at least two years post injury with no evidence as to what the type and nature of treatment were rendered.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE CERVICAL SPINE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

Decision rationale: CA MTUS ACOEM guidelines support imaging studies with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. In this case, patient complained of pain at cervical area radiating to the right hand. Physical examination of the cervical spine showed tenderness and muscle spasm with decreased range of motion. Spurling's test was positive at the right. Right grip strength was weak compared to the left. Clinical manifestations strongly indicate neurologic dysfunction. There was no previous MRI of the cervical spine performed. Patient likewise complained of persistent pain despite physical therapy and intake of medications. Guideline criteria were met. Therefore, the request for MRI of the cervical spine is medically necessary.

MRI OF THE LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

Decision rationale: Page 208 of CA MTUS ACOEM supports ordering of imaging studies for: 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. In this case, patient complained of left shoulder pain. However, comprehensive physical examination of the left shoulder was not evident in the medical records submitted. The medical necessity was not established due to insufficient information. Moreover, it is unclear if patient has failed conservative management. Therefore, the request for MRI of the left shoulder is not medically necessary.

PHYSICAL THERAPY 2 X 4 TO THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

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

Decision rationale: As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. In this case, patient complained of right

shoulder pain. However, comprehensive physical examination of the right shoulder was not evident in the medical records submitted. Weakness of right shoulder abductor was the only documented objective finding. The medical necessity was not established due to insufficient information. Moreover, functional limitations were not addressed. Therefore, the request for physical therapy 2 times per week for 4 weeks to the right shoulder is not medically necessary.

PHYSICAL THERAPY 2 X 4 TO THE RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

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

Decision rationale: As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. In this case, patient complained of right knee pain associated with stiffness, crepitus, and occasional weakness. However, comprehensive physical examination of the right knee was not evident in the medical records submitted. The medical necessity was not established due to insufficient information. Moreover, functional limitations were not addressed. Therefore, the request for physical therapy 2 times per week for 4 weeks to the right knee is not medically necessary.