

Case Number:	CM14-0119148		
Date Assigned:	08/06/2014	Date of Injury:	10/16/2006
Decision Date:	09/24/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/29/2014

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 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:

The patient is a 59-year-old female with date of injury of 10/16/2006. The listed diagnoses per Dr. Lucero are: 1. Chronic sprain/strain on cervical spine. 2. Chronic sprain/strain on right shoulder, rule out rotator cuff, rule out internal derangement. 3. TMJ dysfunction. 4. Anxiety and depression. According to progress report 06/11/2014, the patient presents complaining of increased neck pain radiating to the right shoulder and upper arm. She also complains of increasing right upper extremity numbness and tingling and continued anxiety and depression due to her pain. Examination of the cervical spine revealed tenderness over the right and left paracervical musculature, trapezius, and levator scapulae muscles with spasm. There are persistent hypertonic, painful suboccipital muscles. Examination of the right shoulder revealed tenderness over the acromioclavicular joint with continued radiating pain to the right upper extremity. There was tenderness to palpation over the rotator cuff muscles and upper trapezius. Drop arm test was equivocally positive. Treater is requesting an MRI of the right shoulder to rule out internal derangement, MRI of the cervical spine to assess status of neuroforamina and/or intervertebral disk and chiropractic treatment once a week for 4 weeks. Utilization review denied the request on 07/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) Right Shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment Workers Compensation Shoulder Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

Decision rationale: This patient presents with chronic sprain/strain of the right shoulder. Treater is requesting an MRI of the right shoulder to rule out internal derangement. Utilization review denied the request stating claimant was previously certified for 8 sessions of therapy and there is limited report of failure from this treatment to support an MRI. ACOEM Guidelines has the following regarding shoulder MRIs on page 207 and 208, routine testing, laboratory test, plain film radiographs of the shoulder, and more specialized imaging studies are not recommended during the first 6 weeks of activity limitation due to shoulder symptoms except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain. The medical file provided for review includes 3 progress reports that do not discuss prior imaging of the right shoulder. Given patient's positive examination findings and decreased range of motion, an MRI for further investigation and to rule out internal derangement is reasonable. Recommendation is for approval.

MRI (Magnetic Resonance Imaging) Cervical Spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation Official Disability Guidelines- Neck and Upper back chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), MRI.

Decision rationale: This patient presents with continued neck pain radiating to the right shoulder and upper arm. The patient complains of increasing right upper extremity numbness and tingling. The treater is requesting an MRI of the cervical spine to assess status of neuroforaminal and/or intervertebral disk and/or spinal nerve root in consideration of positive findings on examination. Utilization review denied the request stating the patient was certified 8 sessions of physical therapy for the cervical spine and there is limited report of failure from this treatment to support an MRI. ACOEM Guidelines page 177 and 178 has the following criteria for ordering images, "Emergence of red flag, physiologic evidence of tissue insult or neurologic dysfunction; failure to progress strengthening program intended to avoid surgery; and clarification of anatomy prior to invasive surgery." For chronic condition, the ODG Guidelines recommend MRI studies for chronic neck pain after 3 months of conservative treatment. When radiographs are normal and neurological signs or symptoms are present. The medical file provided for review includes three progress reports from 06/03/2014, 06/11/2014, and 06/24/2014. These reports do not discuss prior cervical spine MRI. Given the patient's positive findings on examination and neurological deficits, a cervical MRI for further investigation may be warranted. Recommendation is for approval.

Chiropractic Evaluation and Treatment 1 times per week for 4 weeks, Cervical Spine/Right Shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic and Treatment.

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

Decision rationale: This patient presents with continued neck and shoulder pain. The treater is requesting chiropractic treatments one time a week for 4 weeks. Utilization review denied the request stating the claim is over 7 years old and there is limited information regarding the number of chiropractic therapy sessions completed to date. The MTUS Guidelines recommends as an optional trial of 6 visits over 2 weeks with evidence of functional improvement, total of up to 18 visits over 6 to 8 weeks. In this case, review of the 3 progress reports that are provided for review provide no discussion of prior chiropractic treatments. Given there is no documentation of recent chiropractic treatment, a short course of 4 sessions to address the cervical spine and right shoulder complaints is reasonable. Recommendation is for approval.