

Case Number:	CM14-0122513		
Date Assigned:	08/08/2014	Date of Injury:	10/10/2008
Decision Date:	09/11/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/04/2014

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 Orthopedic Surgery, 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 claimant is a 33-year-old female who was injured on 10/10/08. Records indicate injury to the neck and shoulders. The claimant was status post an anterior cervical discectomy and fusion as well as status post multiple prior shoulder surgeries to the right times three. The fusion took place at the C5-6 level. There is documentation of recent treatment to have included injection therapy to the neck, physical therapy to the shoulders and cervical spine, medication management, and activity restrictions. A 07/02/14 PR2 report indicates diminished range of motion to the shoulder with continued discomfort. There was no documentation of specific physical examination findings or a current working diagnosis. A prior assessment of 06/30/14 revealed subjective complaints of a heavy feeling about the shoulder with objective findings showing previous healed incisions with restricted range of motion. Reviewed at that time was a prior MRI of the shoulder from 01/08/13 showing AC joint degenerative changes with no other significant findings. Recommendation at that time was for a fourth operative procedure to the shoulder in the form of an arthroscopy, subacromial decompression, and distal clavicle resection. There was also a request for a repeat MRI of the cervical spine, five days of home health care and 12 sessions of physical therapy to the cervical spine and right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x6 to cervical spine and right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83, Chronic Pain Treatment Guidelines physical medicine Page(s): 103.

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

Decision rationale: California MTUS Chronic Pain Guidelines would not support 12 sessions of physical therapy to the neck and right upper extremity. This individual has already undergone a significant course of physical therapy since time of multiple previous surgical processes to the shoulder and neck. Without documentation of acute clinical finding, the role of 12 sessions of therapy would exceed guideline criteria that would recommend no more than nine to ten visits in the chronic setting for acute symptomatic flare. Therefore, the request is not medically necessary.

MRI cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines- indications for imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165; 177-8.

Decision rationale: California ACOEM guidelines would not acutely support an MRI scan of the cervical spine. CA MTUS states indications for imaging are "Physiologic evidence of tissue insult or neurologic dysfunction." At present this individual is with no indication of acute physical examination findings to the spine or upper extremities to support further imaging. Without documentation of a radicular process, the role of this testing would not be indicated. Therefore, the request is not medically necessary.

Right shoulder Arthroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211. Decision based on Non-MTUS Citation Official Disability Guidelines- shoulder.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211.

Decision rationale: Based on California ACOEM guidelines a fourth surgical arthroscopy would not be indicated. Guidelines in regards to arthroscopy would indicate firmly establishing a diagnosis of impingement and failing three to six months of conservative care including injection therapy. This individual has already undergone multiple prior surgical process of the shoulder with no recent imaging. The acute need for a fourth shoulder surgery based on imaging from 2013 that only demonstrated degenerative changes to the AC joint would not be indicated. Therefore, the request is not medically necessary.

home health care for 5 days: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.