MAXIMUS Federal Services

Case Number:	CM14-0127406		
Date Assigned:	08/15/2014	Date of Injury:	03/07/2001
Decision Date:	09/15/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/12/2014

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 52-year-old gentleman was reportedly injured on March 7, 2001. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated February 24, 2014, indicates that there are ongoing complaints of cervical spine and left shoulder pain. Current medications include Percocet, gabapentin, baclofen, trazodone, Klonopin, and Cymbalta. The physical examination demonstrated tenderness of the cervical spine on the left side at C5 - C6 and C6 - C7. There was muscular spasms and guarding over the cervical paraspinous muscles and upper trapezius. There was decreased cervical spine range of motion. The examination of the left shoulder indicated severe tenderness at the AC joint and the posterior capsular region. There was decreased left shoulder range of motion. Neurological examination revealed decreased sensation over the C6 and C7 dermatomal distributions on the left worse than on the right side. Diagnostic imaging studies were not presented for review. Previous treatment includes a cervical spine fusion surgery. A request had been made for an additional 12 visits of physical therapy for the left shoulder and a cervical spine epidural steroid injection and was not certified in the pre-authorization process on August 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Pt X 12 Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201.

Decision rationale: The American College of Occupational and Environmental Medicine indicates that physical therapy for the shoulder should begin with instruction in home exercise. the attached medical record indicates that the injured employee has already attended 10 visits of physical therapy and is motion is slowly improving. For these reasons, this request for 12 additional visits of physical therapy for the left shoulder is not medically necessary.

Cervical ESI: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines unspecified Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): (electronically sited).

Decision rationale: The ACOEM treatment guidelines support and MRI of the cervical spine for patients with subacute or chronic radicular pain syndromes lasting at least 4 to 6 weeks in whom the symptoms are not trending towards improvement if both the patient and surgeon are considering prompt surgical treatment, assuming the MRI confirms ongoing nerve root compression. A review of the available medical records does not provide any results of a previous cervical spine MRI. Therefore this request for cervical spine epidural steroid injections are not medically necessary.