

Case Number:	CM14-0136659		
Date Assigned:	09/03/2014	Date of Injury:	04/05/2012
Decision Date:	11/05/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/25/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 48-year-old female with a reported date of injury on 04/05/2014. The mechanism of injury was not noted in the records. The diagnoses included left shoulder sprain/strain with myospasms and left neuritis and epicondylitis. Section 3: The past treatments included pain medication. The MRI of the left elbow, performed on 06/18/2014, revealed lateral epicondylitis. The MRI of the left shoulder, performed on 06/18/2014, revealed supraspinatus and infraspinatus tendinosis and AC joint osteoarthritis. The MRI of the left wrist, performed on 06/18/2014, revealed negative MRI of the wrist. There was no relevant surgical history documented within the records. The subjective complaints on 06/25/2014 included neck pain and left shoulder pain. The physical examination findings on 06/25/2014 to the cervical spine noted range of motion as follows: cervical flexion is 40 degrees, cervical extension is 20 degrees, cervical rotation to the right is 60 degrees, and cervical rotation to the left is 80 degrees. The examination of the left shoulder revealed mildly diminished flexion at approximately 110 degrees. There was also mild tenderness to palpation in the posterior cervical spine. Muscle strength examination of the upper extremities revealed 5/5 in deltoid, biceps, triceps, wrist extensors and wrist flexors. The injured worker's medications included Lyrica and Flexeril. The treatment plan was to order MRIs of the left shoulder, left elbow, left wrist, and physical therapy to the cervical spine and left shoulder. A request was received for physical therapy 2 times a week to the cervical spine, left shoulder, left extremity, MRI for the left shoulder, MRI for the left elbow, and MRI for the left wrist. The rationale for the request was not provided. The Request for Authorization form was not submitted within the records. The physical examination findings on 06/25/2014 to the cervical spine noted range of motion as follows: cervical flexion is 40 degrees, cervical extension is 20 degrees, cervical rotation to the right is 60 degrees, and

cervical rotation to the left is 80 degrees. The examination of the left shoulder revealed mildly diminished flexion at approximately 110 degrees. There was also mild tenderness to palpation in the posterior cervical spine. Muscle strength examination of the upper extremities revealed 5/5 in deltoid, biceps, triceps, wrist extensors and wrist flexors. The injured worker's medications included Lyrica and Flexeril. The treatment plan was to order MRIs of the left shoulder, left elbow, left wrist, and physical therapy to the cervical spine and left shoulder. A request was received for physical therapy 2 times a week to the cervical spine, left shoulder, left extremity, MRI for the left shoulder, MRI for the left elbow, and MRI for the left wrist. The rationale for the request was not provided. The Request for Authorization form was not submitted within the records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 6 cervical spine, left shoulder, left extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy.

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

Decision rationale: The request for Physical Therapy 2 x 6 cervical spine, left shoulder, left extremity is not medically necessary. The California MTUS Guidelines state that up to 10 visits of physical therapy may be supported for unspecified myalgia and continued visits should be contingent on documentation of objective improvement. The injured worker has chronic neck and left shoulder pain. There was a lack of documentation regarding significant decreased range of motion or decreased motor strength. In the absence of functional deficits, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

MRI of left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, MRI's

Decision rationale: The request for MRI of left shoulder is not medically necessary. The Official Disability Guidelines state repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The injured worker has chronic neck and left shoulder pain. There was no acute symptoms or findings suggestive of significant pathology to support the use of a repeat MRI. Additionally the specific rationale for the repeat MRI was not provided. As there were no symptoms and/or findings suggestive of significant pathology documented in the notes the request is not supported. As such, the request is not medically necessary.

MRI of left elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow, MRI's

Decision rationale: The request for MRI of left elbow is not medically necessary. The Official Disability Guidelines state repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The injured worker has chronic neck and left shoulder pain. There was no acute symptoms or findings suggestive of significant pathology to support the use of a repeat MRI. Additionally the specific rationale for the repeat MRI was not provided. As there were no symptoms and/or findings suggestive of significant pathology documented in the notes the request is not supported .As such, the request is not medically necessary.

MRI of left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Wrist, MRI's

Decision rationale: The request for MRI of left wrist is not medically necessary. The Official Disability Guidelines state repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The injured worker has chronic neck and left shoulder pain. There was no acute symptoms or findings suggestive of significant pathology to support the use of a repeat MRI. Additionally the specific rationale for the repeat MRI was not provided. As there were no symptoms and/or findings suggestive of significant pathology documented in the notes the request is not supported .As such, the request is not medically necessary.