

Case Number:	CM14-0153884		
Date Assigned:	10/06/2014	Date of Injury:	07/19/2011
Decision Date:	10/30/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/22/2014

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 Family Practice 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:

54 yr. old female claimant sustained a work injury on 7/19/11 involving the neck, low back, left shoulder and bilateral knees. She was diagnosed with lumbar disc disease, bilateral knee and shoulder pain, left sacroilitis and left Shoulder adhesive capsulitis. A progress note on September 10, 2014 Indicated the claimant had persistent neck, shoulder, knee and back pain. She had undergone use of Pain medications, epidural steroid injections, and cervical disc replacement. Exam findings were notable for a positive Spurling's test and a positive straight leg raise test. She was unable to actively or passively raise the left shoulder beyond 90 due to pain. This was consistent with a frozen shoulder and adhesive capsulitis. A prior MRI in 2011 and in 2012 demonstrated cervical disc protrusion with some degree of cord injury involving C4-C5. There was also significant stenosis at those levels. A prior EMG in 2012 was consistent with left C6 radiculopathy. The treating physician requested an MRI of the cervical spine and left shoulder as well as daily homecare to help with chores including cooking, cleaning and helping around the house.

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: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: According to the ACOEM guidelines, an MRI of the cervical spine is not recommended in the absence of any red flag symptoms. It is recommended to evaluate red-flag diagnoses including tumor, infection, fracture or acute neurological findings. It is recommended for nerve root compromise in preparation for surgery. There were no red flag symptoms. There was no plan for surgery. The request for an MRI of the cervical spine is not medically necessary.

MRI of The Left Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

Decision rationale: According to the ACOEM guidelines, an MRI or arthrography of the shoulder is not recommended for evaluation without surgical considerations. It is recommended for pre-operative evaluation of a rotator cuff tear. Arthrography is optional for pre-operative evaluation of small tears. The claimant did not have acute rotator cuff tear findings. There was no plan for surgery. The MRI request of the shoulder is not medically necessary.

Daily Home Care: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines home care Page(s): 51.

Decision rationale: According to the MTUS guidelines, home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. In this case the request for homecare was for the reasons not included in the guideline recommendations. As noted in the guidelines above the homecare request is not medically necessary.