

Case Number:	CM14-0186089		
Date Assigned:	11/14/2014	Date of Injury:	04/03/2013
Decision Date:	12/22/2014	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/07/2014

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 Medicine and is licensed to practice in Florida. 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:

This patient is a 53-year-old female with a date of injury of 4/3/2013. The mechanism of injury is reported as cumulative trauma to her right wrist while using her computer. Before this she had a work related injury on June 20th 2012. She fell while in pursuit of a suspect while working as a police officer and was noted to have pain in her low back, left wrist, knees, and neck. She underwent a left wrist surgery on June 20th 2012 due to left distal radius fracture sustained in the fall. She has also had neck pain and prior MRI that diagnosed cervical spondylosis, moderately severe cervical stenosis, and degenerative disc disease. EMG/NCS of the bilateral upper extremities was also performed, which showed a mild left carpal tunnel syndrome as well as multilevel cervical radiculopathy. She did undergo a right carpal tunnel and cubital tunnel release in 2013 (note, despite the previously mentioned EMG left sided carpal tunnel findings, another report states that the carpal tunnel surgery was on the right.) She has also been complaining of right shoulder pain. She was evaluated by an Orthopedist on 10/31/2013 and found to have a positive NEER sign and Hawkin's test. An MRI of the right shoulder was ordered. A utilization reviewer did not approve this request and likewise and Independent Medical Review was requested. The Orthopedic surgeon stated that he would like to rule out the right shoulder as the "pain generator" versus the cervical spine. There is not any documentation of plain films of the right shoulder having been recently performed. A 10/8/2014 note states that the patient is not currently employed. She is noted to be "temporarily totally disabled."

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right shoulder w/o contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Shoulder complaints Page(s): 207-212.

Decision rationale: In accordance with California MTUS guidelines, MRI is not recommended as a routine imaging study. An orthopedics consultation note documented that the Orthopedist would like to rule out the right shoulder as the "pain generator" versus the cervical spine. For this reason an MRI of the right shoulder was requested. This patient's right shoulder pain has been chronic. No acute injury is documented. No physical exam signs consistent with shoulder instability or labral tear are documented. There is not any documentation of plain films of the right shoulder having been recently performed. Therefore, this request for a right shoulder MRI is not medically necessary.

12 physical therapy sessions to the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 132-133.

Decision rationale: In accordance with MTUS guidelines, the physical medicine recommendations state, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Guidelines also state, "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." This patient has previously had physical therapy, but now his physician is requesting an additional 12 sessions. The guidelines recommend fading of treatment frequency, which this request for a new physical therapy plan does not demonstrate. Likewise, this request is not medically necessary.