

Case Number:	CM14-0026339		
Date Assigned:	06/13/2014	Date of Injury:	02/18/2011
Decision Date:	07/16/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/03/2014

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 Neurological 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 injured worker is a 51-year-old female was reportedly injured on February 18, 2011. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated March 12, 2014, indicated that there were ongoing complaints of cervical spine pain, lumbar spine pain and right shoulder pain. The physical examination demonstrated decreased cervical spine range of motion and a positive Spurling's test to the right. Examination of the right shoulder indicated impingement signs with a positive Hawkins test and Neer's test. There was right shoulder weakness with elevation and abduction. Examination of the left shoulder noted a positive apprehension test; however, there was full range of motion. Examination of the lumbar spine noted diffuse paraspinal tightness and tenderness. There was a positive straight leg raise on the left at 30. Diagnoses included multilevel cervical discopathy, status post cervical fusion, right shoulder labral tear, right shoulder impingement syndrome, left shoulder instability, status post left shoulder arthroscopy subacromial decompression, and lumbar discopathy. A request had been made for a right shoulder MRI and physical therapy for the cervical and lumbar spine and was not certified in the pre-authorization process on February 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAGNETIC RESONANCE IMAGING (MRI) OF RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic), Magnetic Resonance Imaging.

Decision rationale: According to the medical record provided, the injured employee has not previously had right shoulder surgery, and it was noted that the previous MRI of the right shoulder was over a year ago. According to the Official Disability Guidelines, a repeat MRI is not justified, unless there is significant change in shoulder symptoms. The medical record stated that the injured employee symptoms have been unchanged for the last six months. Therefore, this request for an MRI of the right shoulder is not medically necessary or appropriate.

EIGHT PHYSICAL THERAPY VISITS FOR CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

Decision rationale: According to the attached medical record, the injured employee has participated in 26 sessions of physical therapy for the right shoulder, the cervical spine and the lumbar spine. There was no documentation regarding the efficacy of these previous physical therapy sessions. Considering the number of physical therapy sessions previously attended, the injured employee should be well-versed on what is expected of therapy for the shoulder, neck, and lumbar spine and should be able to transition to a home exercise program. The request for eight physical therapy visits for the cervical spine is not medically necessary or appropriate.

EIGHT PHYSICAL THERAPY VISITS FOR LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

Decision rationale: According to the attached medical record, the injured employee has participated in 26 sessions of physical therapy for the right shoulder, the cervical spine and the lumbar spine. There was no documentation regarding the efficacy of these previous physical therapy sessions. Considering the number of physical therapy sessions previously attended, the injured employee should be well-versed on what is expected of therapy for the shoulder, neck, and lumbar spine and should be able to transition to a home exercise program. The request for eight physical therapy visits for the lumbar spine is not medically necessary or appropriate.