

<b>Case Number:</b>	CM14-0033967		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	08/20/2005
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2014

### 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 50-year-old female was reportedly injured on August 20, 2005. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated January 22, 2014, indicates that there are ongoing complaints of neck pain, bilateral shoulder pain, and pain at the left and right side of the face. The physical examination demonstrated tenderness and spasms of the cervical spine. There was cervical spine pain with motion. Examination of the right shoulder revealed tenderness at the AC joint. Examination of the left shoulder noted slightly decreased range of motion with flexion to 160, abduction to 160, as well as internal and external rotation to 60. There was pain with motion and a positive Neer's test and Hawkins test. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a cervical spine fusion of C5 - C6 and C6 - C7, a right shoulder distal clavicle excision, and physical therapy. A request had been made for 12 additional visits of physical therapy for the cervical spine and an MRI of the left shoulder without contrast and was not certified in the pre-authorization process on February 21, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Additional Physical Therapy visits for Cervical Spine 3x4: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM

[https://www.acoempracguides.org/Cervical and Thoracic Spine Table 2 Summary of Recommendations Cervical and Thoracic Spine Disorders](https://www.acoempracguides.org/Cervical%20and%20Thoracic%20Spine%20Table%20Summary%20of%20Recommendations%20Cervical%20and%20Thoracic%20Spine%20Disorders)

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

**Decision rationale:** The injured employee has had a prior cervical spine fusion and almost certainly has participated in physical therapy previously after that procedure. There have also been six recent visits of physical therapy for the cervical spine. The ACOEM would recommend one to two visits of physical therapy for education, counseling, and evaluation of a home exercise program. Considering this, the request for 12 additional visits of physical therapy for the cervical spine is not medically necessary.

**MRI left shoulder without contrast:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM [https://www.acoempracguides.org/Shoulder, Table 2 Summary of Recommendations, Shoulder Disorders](https://www.acoempracguides.org/Shoulder,%20Table%20Summary%20of%20Recommendations,%20Shoulder%20Disorders)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207.

**Decision rationale:** The ACOEM Guidelines do not support specialized imaging studies prior to 6 weeks of activity limitation unless a red flag is noted. After 6 weeks of activity limitation, support of specialized imaging studies may be considered when physiologic evidence of neurovascular dysfunction is noted, there is failure to progress in a strengthening program that is intended to avoid surgery, or for clarification of anatomy prior to an invasive procedure. A review of the attached medical record indicates that it cannot be determined that any of the above criteria are present in this setting. As such, this request for an MRI of the left shoulder is not medically necessary.