

Case Number:	CM14-0059627		
Date Assigned:	07/11/2014	Date of Injury:	06/28/2004
Decision Date:	09/10/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/30/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 53 year old male who sustained injuries to his left shoulder and neck on 06/28/04 while cutting a tree about 130 feet high with the assistance of a crane operator, when the tree was pulled by the crane with such force that the tree started to bounce back and forth and the injured worker was hit on the left side by the tree. The records indicate that the injured worker was status post total knee arthroplasty dated 12/20/13. The injured worker had residual flexion contracture, lumbar spine sprain/strain, and was status post cervical fusion with placement of implantable morphine pump. Physical examination dated 02/20/14 reported that the injured worker continued to complain of neck pain radiating to the left shoulder down into the left arm and into the ring and small fingers. Physical examination revealed tenderness and spasm in the cervical spine and left trapezius; negative Spurling's test; decreased sensation over the medial left forearm extending to the ring and small finger of the left hand and negative Hoffman's test. Clinical note dated 03/12/14 noted that the injured worker had complaints of tenderness in the cervical spine with associated spasm and 1+ reflex in the bilateral upper extremities. The injured worker had physical therapy with a home therapist. Physical examination of the left knee noted effusion, edema, and range of motion with a 5 degree flexion contracture to 105 degrees of flexion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computed tomography arthrogram scan of the left shoulder: Upheld

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

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

Decision rationale: The request for computed tomography arthrogram scan of the left shoulder is not medically necessary. Previous request was denied on the basis that there was no evidence of mechanical symptoms and/or clinical evidence of a tear. Detailed and recent non-operative treatments have not been documented to have been comprehensively trialed and failed. Therefore, the request was not indicated as medically reasonable. There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention was anticipated. There were no additional 'red flags' identified. Given this, the request for computed tomography arthrogram scan of the left shoulder is not indicated as medically necessary.

Computed tomography scan of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-182.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, Computed tomography (CT).

Decision rationale: The request for computed tomography scan of the cervical spine is not medically necessary. Previous request was denied on the basis that there was no evidence of severe and/or progressive neurological deterioration. There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention was anticipated. There were no additional significant 'red flags' identified. Given this, the request for computed tomography scan of the cervical spine is not indicated as medically necessary.

Post-operative physical therapy for the left knee, two (2) times weekly for six (6) weeks:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, Post-surgical rehabilitation, Knee.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The request for post-operative physical therapy for the left knee two times weekly for six weeks is not medically necessary. Previous request was partially certified on the basis that the injured worker had knee surgery on 12/20/13 and already had 24 post-operative physical therapy visits. The injured worker has persistent left knee pain and physical examination

revealed decreased range of motion. Therefore, a partial/modified certification for two physical therapy visits to address residual issues, re-transition, and compliance assessment with prescribed and self-administered protocol was certified. After reviewing the clinical documentation submitted for review, there was no additional significant objective clinical information provided that would support reversing the previous adverse determination. Given this, the request for post-operative physical therapy for the left knee two times weekly for six weeks is not indicated as medically necessary.