

Case Number:	CM14-0079221		
Date Assigned:	08/22/2014	Date of Injury:	05/31/2011
Decision Date:	10/14/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/29/2014

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 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 61 year old female whose date of injury is 05/31/11. She is noted to be status post ORIF right index finger, excision of a giant cell tumor, followed by postoperative therapy. The injured worker was seen on 04/16/14 for comprehensive orthopedic evaluation. The mechanism of injury is described as multiple repetitive actions with her upper extremities. Due to this the injured worker developed carpal tunnel syndrome as well as lateral epicondylitis worse on the right elbow. The injured worker also complains of shoulder and neck pain. She has not had MRI of the shoulders or neck, and has not had any injection based treatments for those areas. She has taken Motrin for the elbow but no other medications for the shoulders. The injured worker has night pain due to her shoulders, and shoulder pain (right greater than left) also is worse with overhead activities or pushing/pulling overhead with the shoulders. On examination of the cervical spine, there is somewhat limited range of motion due to stiffness without significant pain. Spurling's sign is negative bilaterally. There is no pain radiating down the upper extremities with cervical range of motion. There is no focal midline or paraspinal tenderness. Examination of the shoulders revealed no gross abnormalities to visual inspection. She has contracted fingers on the left upper extremity due to CRPS following carpal tunnel release. Right index finger also has evidence of previous surgical procedures. There is loss of range of motion in the right index finger. Shoulder range of motion revealed forward elevation bilaterally to 150 degrees with pain at extremes of motion. External rotation was to 50 degrees without pain. Internal rotation was to lumbar levels bilaterally with significant pain on end range. Rotator cuff strength was 4+/5 in forward elevation; 5/5 in external rotation and internal rotation with negative belly press signs bilaterally. Neer's and Hawkins' impingement signs were positive causing significant pain bilaterally. There was mild tenderness to palpation of the AC joint. There was no tenderness to palpation in the biceps tendons with negative Speed and Yergason's

signs. Reflexes and sensation were normal and symmetric. Hoffman sign was negative bilaterally. Cervical x-rays showed mild disc degeneration without significant collapse. No instability was seen on flexion/extension views. X-rays of the bilateral shoulders were noted to show mild age-related degenerative changes with type 2 acromion bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI to right shoulder with contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Treatment in Workers' Compensation (ODG-TWC) Shoulder Procedure Summary last updated 03/31/2014 - Indications for Imaging - Magnetic resonance imaging (MRI)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Magnetic resonance imaging (MRI)

Decision rationale: The injured worker does not meet criteria for MRI of the right shoulder. There is no evidence of acute shoulder trauma or suspicion of rotator cuff tear, and no evidence of instability of the shoulder. Plain radiographs of the shoulder showed mild degenerative changes and type 2 acromion. There is no evidence that the injured worker has had any conservative care for the shoulders to date. Based on the clinical information provided, the request for MRI of the right shoulder is not medically necessary.

MRI to cervical spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-4, 172. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Treatment in Workers' Compensation (ODG-TWC) Neck & Upper Back Procedure Summary last updated 04/14/2014: Indications for MRI (magnetic resonance imaging)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, Chronic Pain Treatment Guidelines Page(s): 98.

Decision rationale: ACOEM guidelines note that special studies are not needed for most patients unless a 3-4 week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. There is no evidence in this case of emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; or failure to progress in a strengthening program intended to avoid surgery. Given the minimal findings on x-rays, the lack of documentation of failure of conservative care for the cervical spine, and the unremarkable findings on physical examination, the request for MRI of the cervical spine is not medically necessary.

Physical Therapy 2 x 6 to right shoulder and cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers' Compensation (ODG-TWC), Neck & Upper Back Procedure Summary last updated 04/14/2014; ODG-TWC Shoulder Procedure Summary last updated 03/31/2014

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder; Neck and Upper Back, Physical therapy (PT)

Decision rationale: The records indicate that the injured worker has had no physical therapy for the neck and/or shoulders. Current evidence-based guidelines reflect that physical medicine is recommended in certain situations, with active modalities recommended over passive therapy. ODG supports up to 10 visits for the relevant diagnoses, with an initial trial of 6 visits recommended followed by assessment of response to this therapy trial. Based on the clinical information provided, the request for Physical Therapy 2 x 6 to right shoulder and cervical spine is not recommended as medically necessary.