

Case Number:	CM14-0080242		
Date Assigned:	07/18/2014	Date of Injury:	07/08/2013
Decision Date:	09/30/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/30/2014

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 Occupational 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:

Per the records provided, the patient reported in injury on April 8, 2013. As of February 27, 2014, there was no back pain and left upper extremity pain. Physical exam of the cervical spine showed tenderness at the paravertebral muscles, and the upper trapezius muscle with spasm. The axial compression test and Spurling maneuver were positive. There was painful restricted range of motion and dysesthesia at C5-C6. On examination of both shoulders, there was pain and tenderness in the anterior glenohumeral region and subacromial space with a positive Hawkins test. There was reproducible symptomatology with internal rotation and forward flexion. There was left thumb pain with terminal motion. Diagnoses included cervical lumbar discopathy, cervicgia, carpal tunnel double crush syndrome, status post laceration of the left thumb and rule out internal derangement of both shoulders left greater than right. There was no documentation noting neurologic dysfunction in the shoulder. There is no documentation noting functional improvement with previous therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, two (2) times per week for four (4) weeks, to the cervical spine and bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

Decision rationale: The MTUS Guidelines does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified, 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified, 10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks. This injured worker does not have these conditions. After several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. As such, the request is not medically necessary.

MRI of the Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: ODG Guidelines note that an MRI is indicated for acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs OR for subacute shoulder pain, suspect instability/labral tear. It is not clear what orthopedic signs point to a suspicion of instability or tearing, or if there has been a significant progression of objective signs in the shoulder to support advanced imaging. No neurologic signs are noted on exam. As such, the request is not medically necessary.