

Case Number:	CM14-0094548		
Date Assigned:	09/12/2014	Date of Injury:	04/07/2010
Decision Date:	10/20/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/21/2014

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 48 year old female who sustained an injury to her neck on 04/07/10 due to cumulative trauma while performing her usual and customary duties. Records indicate that the injured worker has been treated extensively with physical therapy. The injured worker was treated on 12/04/12 with a left cubital tunnel release and an arthroscopy of the left elbow with debridement. She was deemed permanent and stationary as of 06/06/13. At that time, a provision was left open for future medical care including the episodic need for physical therapy should she have flare up of her symptoms. The clinical note dated 09/15/14 reported that the injured worker underwent repeat left elbow platelet rich plasma injection dated 09/09/14. The request for continued physical therapy following the injection was denied. Physical examination noted 60% normal range of motion at the cervical spine; tenderness to palpation over the cervical spine; no tenderness to palpation over the trapezius and interscapular area; able to forward flex to the right shoulder 180 degrees, abduct it to 170 degrees, and externally rotate it 70 degrees; impingement sign negative; adduction sign negative. There were no previous imaging studies

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI(Magnetic Resonance Imaging) of the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Neck and Upper back chapter

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, Magnetic resonance imaging (MRI)

Decision rationale: The previous request was denied on the basis that the Official Disability Guidelines criteria were not met. Results of cervical x-rays were not documented. Severe or progressive neurological deficit is not documented. Therefore, the request was not deemed as medically appropriate. 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 physical examination findings of decreased motor strength, increased reflex or sensory deficits. There was no indication that plain radiographs had been obtained prior to the request for more advanced MRI. There were no additional 'red flags' identified. Given this, the request for an MRI (magnetic resonance imaging) of the cervical spine is not indicated as medically necessary.