

<b>Case Number:</b>	CM14-0190970		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	04/30/2014
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 & Rehabilitation 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:

This 40 year-old patient sustained an injury on 4/30/14 from tripping on a rolling wine display while employed by [REDACTED]. Request(s) under consideration include MRI of Cervical Spine and Physical Therapy 2x3 for bilateral knees, left arm, and left shoulder. Diagnoses include shoulder strain versus cervical radiculopathy. Conservative care has included medications, therapy (9 sessions), shoulder cortisone injection, and modified activities/rest. Report of 5/20/14 noted patient with wrists and knee complaints. There was noted previous right MCL injury in November 2011 with left ankle sprain. The patient was on numerous medications for depression, Singulair for asthma and Naproxen. Exam showed minimal swelling of the knees with tenderness over patella and infrapatellar region; full range of motion with normal gait; no instability was noted with negative varus/valgus stress testing and negative drawer sign. Diagnoses included bilateral knee contusion and left arm/shoulder sprain. Report of 9/29/14 from the provider noted chronic ongoing symptom complaints to the neck, shoulder, and upper back. Exam showed tenderness at left paracervical region; full range of motion in the shoulder with mildly positive impingement sign. Treatment plan included additional PT, cervical MRI, and lifting restrictions of 15 pound and MRI of left shoulder on 8/22/14 showed supraspinatus tendinosis. The request for MRI of Cervical Spine and Physical Therapy 2x3 for bilateral knees, left arm, and left shoulder was denied on 10/31/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of Cervical Spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171, 177-179.

**Decision rationale:** Per ACOEM Treatment Guidelines for the Neck and Upper Back Disorders, criteria for ordering imaging include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports, have not adequately demonstrated the indication for the MRI of the Cervical spine nor document any specific clinical findings to support this imaging study as the patient has not identified neurological deficits defined. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI of Cervical Spine is not medically necessary.

**Physical Therapy 2x3 for bilateral knees, left arm, and left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in

any functional benefit. The Physical Therapy 2x3 for bilateral knees, left arm, and left shoulder is not medically necessary.