

Case Number:	CM14-0198250		
Date Assigned:	12/08/2014	Date of Injury:	04/18/2014
Decision Date:	02/09/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/25/2014

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 Internal 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 51-year-old woman with a date of injury of April 18, 2014. The mechanism of injury was not documented in the medical record. The current diagnoses are left shoulder strain; neck pain, resolved and neck sprain, resolved. Pursuant to the handwritten, progress note in the medical record dated November 26, 2014; the injured worker is on a home exercise program with ice application. Unfortunately, portions of the report are illegible. The treatment plan recommendations include request for physical therapy, (2 times a week for 4 weeks) was modified (letter dated 11/16/14) to 2 times a week for 3 weeks. A new prescription was issued as the prior request has since expired. The current request is for physical therapy (X 2) to the neck, left shoulder/elbow/wrist/hand; MRI cervical spine; and surgery consult. Documentation indicated that the injured worker has not had any physical therapy to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 8; Neck, Left shoulder/Elbow/Wrist/Hand: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, Shoulder, Elbow, Wrist and Hand Chapter, Physical Therapy

Decision rationale: Pursuant to the Official Disability Guidelines (ODG), physical therapy two times per week times four weeks to the neck, left shoulder, elbow, wrist, hand are not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction, or negative direction, prior to continuing with physical therapy. The guidelines enumerate the frequency and duration of physical therapy according to specific disease states. See guidelines for additional details. In this case, the documentation is handwritten and largely illegible. The injured worker is a 51-year-old woman with a date of injury April 18, 2014. The complaints are left shoulder pain, neck pain radiating to the left upper extremity, left elbow and wrist pain. The guidelines recommend a six visit clinical trial followed by a formal assessment with objective functional improvement. The documentation does not indicate prior physical therapy. The treating physician requested physical therapy two times a week for four weeks (eight visits) which is in excess of the recommended guidelines (6 visits). As such, this request is not medically necessary.

MRI Cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303-304.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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, Physical Therapy

Decision rationale: Pursuant to the Official Disability Guidelines, MRI cervical spine is not medically necessary. The guidelines numerate the indications for magnetic resonance imaging. An MRI of the cervical spine is not indicated for patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, no cervical tenderness, and have no neurologic findings. Patients under this category should have a three view cervical radiographic series followed by CAT scan. For indications see the ODG. In this case, the injured worker is 51 years old with a date of injury April 18, 2014. The complaints are left shoulder pain, neck pain radiating to the left upper extremity, left elbow and wrist pain. A progress note dated November 26, 2011 documents subjective complaints, however, the note is largely illegible and objective findings were not discernible. There is tenderness with range of motion however there is no documentation in the record of motor weakness or sensory disturbances. There are no red flags noted in the medical record. Consequently, absent the appropriate clinical indications for MRI of the cervical spine, and MRI cervical spine is not medically necessary.

Surgery consult: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Office Visits

Decision rationale: Pursuant to the Official Disability Guidelines, surgery consultation is not medically necessary. Evaluation and management of patient visits to physician offices play a critical role in proper diagnosis and return the function of an injured worker. The need for clinical office visit with a healthcare provider is individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability and reasonable physician judgment. In this case, the injured worker is a 51-year-old woman with a date of injury April 18, 2014 the patient has not received any physical therapy to date. The medical record is largely illegible from the indications for surgery. The appropriate clinical indication and/or clinical rationale is absent from the record. Additionally, the medical record is difficult to read (Illegible) in terms of what anatomical region requires a surgical consultation. Consequently, after the appropriate clinical indication and failed conservative treatment, surgical consultation at this time is not medically necessary.