

Case Number:	CM15-0008368		
Date Assigned:	01/23/2015	Date of Injury:	02/13/2012
Decision Date:	03/24/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/14/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47-year-old female who reported injury on 02/03/2012. The mechanism of injury was cumulative trauma. The injured worker was noted to have an MR arthrogram of the right shoulder which revealed mild supraspinatus tendinosis. The documentation of 10/31/2014 revealed the injured worker had complaints of pain in the bilateral hands, arms, and right side of the shoulder and neck. The injured worker indicated she had swelling of the left arm, right shoulder and neck. The injured worker had grinding in the shoulder and locking. The injured worker had giving way of both hands. Surgical history was noted to include an extensor muscle slide and a neurectomy of the posterior branch of the lateral cutaneous nerve of the left forearm on 01/30/2014. The injured worker had a cyst removal in 12/2012. The injured worker's medications included Duexis, ibuprofen and omeprazole. The injured worker was noted to have trialed salon pas patches and cortisone shots. The physical examination of the cervical spine revealed normal cervical lordosis and no muscle spasm. There was full range of motion of the cervical spine. The injured worker had a negative Spurling's test and had no radicular pain into the arms with axial loading, full extension or full flexion. The physical examination of the right shoulder revealed tenderness to palpation over the acromioclavicular joint, the anterolateral acromion and the greater tuberosity of the shoulder. The cross body adduction test was positive. The injured worker had decreased range of motion in forward flexion, abduction, adduction, and internal and external rotation. The injured worker had a positive Neer impingement and Hawkins test. The injured worker underwent x-rays of the right shoulder which revealed a type II acromion and revealed evidence of acromioclavicular joint degenerative joint disease with the

maintenance of Shenton's line. There injured worker was noted to undergo an MRI arthrogram of the right shoulder indicating mild supraspinatus tendinosis. There was no indication of a tear. There was a small amount of subacromial fluid present. The supraspinatus and infraspinatus tendons appeared to be normal. There were degenerative changes in the acromioclavicular joint with a small spur resulting in a type "A" presentation. There were degenerative changes of the greater tuberosity but no changes of the bony glenoid. The labrum was frayed but there was no indication of a definitive tear. There were no changes of the tendon of the long head of the biceps. There was no indication of anterior posterior labral tear and there were no indications of adhesive capsulitis. The diagnoses included right shoulder subacromial impingement syndrome, acromioclavicular joint arthrosis, and pain and work related injury. The request was made for a new MRI of the right shoulder and an MRI of the cervical spine. The request was made for physical therapy 2 times a week for 6 weeks and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 177-78, 208, 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) Shoulder Chapter, Magnetic Resonance Imaging (MRI)

Decision rationale: The Official Disability Guidelines indicate repeat MRIs are not routinely recommended and should be reserved for a significant change in symptoms or findings suggestive of a significant pathology. The clinical documentation submitted for review indicated the injured worker had previously undergone an MR arthrogram. The physician documented that the x-ray was consistent with acromioclavicular joint arthrosis and was more prominent than as documented on the MRI arthrogram and as such, a new MRI was requested. The clinical documentation submitted for review failed to indicate the injured worker had a significant change in signs or symptoms and objective findings to support the necessity for repeat MRI. Given the above, the request for MRI right shoulder is not medically necessary.

MRI Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 177-78, 208, Chronic Pain Treatment Guidelines.

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

Decision rationale: The American College of Occupational and Environmental Medicine indicate the criteria for ordering imaging studies include the emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. The clinical documentation submitted for review failed to provide objective findings to support the necessity for an MRI of the cervical spine. There was a lack of documentation of physiologic evidence. There was a lack of documentation of a failure to progress in a strengthening program intended to avoid surgery. There was a lack of documentation indicating it was for clarification of the anatomy prior to invasive procedure. Given the above, the request for MRI of the cervical spine is not medically necessary.

Physical therapy, 2 times a week for 6 weeks: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend physical medicine treatment for myositis and myalgia for up to 10 visits. The clinical documentation submitted for review failed to provide the documentation of the prior therapy. There was a lack of documentation indicating objective findings to support the necessity for physical therapy for 12 visits. This would exceed guideline recommendations. There was a lack of documentation indicating the injured worker could not or would not participate in a home exercise program as the injured worker should be able to perform a home exercise program. The request as submitted failed to indicate the body part to be treated. Given the above, the request for physical therapy 2 times a week for 6 weeks is not medically necessary.