

Case Number:	CM15-0137475		
Date Assigned:	07/27/2015	Date of Injury:	10/01/2013
Decision Date:	08/24/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/16/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 37-year-old male, who sustained an industrial injury on 10-01-2013 secondary to falling from a ladder resulting in right shoulder and neck injury. On provider visit dated 06-05-2015 the injured worker has reported severe neck pain that radiates to right shoulder with numbness and to right hand. On examination of the neck revealed normal range of motion, neck was supple and no thyromegaly was present. Musculoskeletal system was noted as normal range of motion but did exhibit tenderness. The diagnoses have included right shoulder pain, neck pain on right side, impingement syndrome of right shoulder, herniated nucleus pulposus C5-6, numbness and tingling of right arm, disc displacement-cervical and degenerative disc disease-cervical. Treatment to date has included right shoulder surgery 06-12-2014 and medication. The provider requested physical therapy 2x6 for right shoulder and computed tomography of the cervical spine without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Right Shoulder, 2 times wkly for 6 wks, 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy right shoulder two times per week times six weeks is 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). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are right shoulder pain; right arm pain; neck pain right side; impingement syndrome right shoulder; headaches; herniated disc C5-C6; numbness and tingling right arm; disc displacement cervical; and DDD cervical. Date of injury is October 1, 2013. The request for authorization is dated June 22, 2015. The injured worker status post right shoulder arthroscopy June 12, 2014. The utilization review dated January 20, 2015 states the injured worker exceeded 24 physical therapy sessions in the postoperative period. According to the June 5, 2015 progress note, subjectively the injured worker complains of neck and right shoulder pain. Objectively, range of motion is normal and there was no tenderness palpation noted. An MRI of cervical spine was formed April 8, 2015. The MRI results contain page 1 of 2 in the medical record. MRI results showed varying posterior disc protrusions at C3-C4, C4-C5, C5-C6, and C6-C7. There are no compelling clinical facts in the medical record indicating additional physical therapy over the recommended guidelines as clinically indicated. Consequently, absent compelling clinical documentation with compelling clinical facts indicating additional physical therapy is clinically indicated, physical therapy right shoulder two times per week times six weeks is not medically necessary.

CT (computed tomography), Cervical Spine without contrast: 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 & Upper Back - Computed tomography; Indications for imaging.

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

Decision rationale: Pursuant to the Official Disability Guidelines, computed tomography to the cervical spine without contrast is not recommended. Patients were alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness, have no neurologic findings do not need imaging. These patients should have a three view cervical radiographic series followed by computed tomography in determining whether or not the injured worker as ligamentous instability and MRI is the procedure of choice. Indications for CT imaging include suspected cervical spine trauma, alert, cervical tenderness, paresthasias in the hands or feet; unconscious; impaired sensorium; known cervical spine trauma with severe pain, normal plain x-rays, no neurologic deficit, equivocal or

positive x-rays, equivocal or positive x-rays with neurologic deficit. In this case, the injured worker's working diagnoses are right shoulder pain; right arm pain; neck pain right side; impingement syndrome right shoulder; headaches; herniated disc C5-C6; numbness and tingling right arm; disc displacement cervical; and DDD cervical. Date of injury is October 1, 2013. The request for authorization is dated June 22, 2015. The injured worker status post right shoulder arthroscopy June 12, 2014. The utilization review dated January 20, 2015 states the injured worker exceeded 24 physical therapy sessions in the postoperative period. According to the June 5, 2015 progress note, subjectively the injured worker complains of neck and right shoulder pain. Objectively, range of motion is normal and there was no tenderness palpation noted. An MRI of cervical spine was formed April 8, 2015. The MRI results contain page 1 of 2 in the medical record. MRI results showed varying posterior disc protrusions at C3-C4, C4-C5, C-5-C6, and C6-C7. The treatment plan in the June 5, 2015 progress note does not contain a clinical indication or rationale or a CAT scan of the cervical spine without contrast. Consequently, absent clinical documentation with a clinical indication and rationale for performing a CAT scan of the cervical spine after an MRI of the cervical spine dated April 8, 2015, computed tomography to the cervical spine without contrast is not medically necessary.