

Case Number:	CM15-0144072		
Date Assigned:	08/05/2015	Date of Injury:	02/16/2015
Decision Date:	09/25/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/24/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 51 year old female who sustained an industrial injury on 2-16-2015. She has reported injuries to the neck, upper back, lower back, right shoulder arm, right wrist hand, left wrist hand, right knee, left knee, right ankle foot, left ankle foot, head, and abdomen. She continues to complain of neck, right shoulder, and lower back pain and has been diagnosed with cervical facet arthropathy, lumbar facet arthropathy, and myofascial pain. Treatment has included conservative measures including medical imaging, physical therapy, and medications. There was tenderness noted to the cervical and lumbar spine. Tender cervical facet C5-C7 bilaterally and lumbar L4-5 facet loading. There was a negative straight leg raise. The treatment plan included medications. The treatment request included MRI of the right shoulder, MRI of the right wrist, 12 physical therapy visits, follow up visit, and an orthopedic consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Single positional MRI right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-9.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

Decision rationale: The injured worker sustained a work related injury on 2-16-2015. The medical records provided indicate the diagnosis of cervical facet arthropathy, lumbar facet arthropathy, and myofascial pain. Treatment has included conservative measures including medical imaging, physical therapy, and medications. The medical records provided for review do not indicate a medical necessity for: Single positional MRI right shoulder. A 06/23/15 medical report indicates the injured worker had tenderness, in the anterolateral right shoulder, and trigger points in the right shoulder; but there was no documentation detailing findings on testing for range of motion or impingement syndrome' there was no examination findings reported in the 07/13/15 medical report. The MTUS does not recommend shoulder MRI except for the following reasons: Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems). Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon). Failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedure (e.g., a full-thickness rotator cuff tear not responding to conservative treatment. Therefore, the requested test is not medically necessary due to lack of documented evidence indicating the existence of above features.

Single positional MRI right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

Decision rationale: The injured worker sustained a work related injury on 2-16-2015. The medical records provided indicate the diagnosis of cervical facet arthropathy, lumbar facet arthropathy, and myofascial pain. Treatment has included conservative measures including medical imaging, physical therapy, and medications. The medical records provided for review do not indicate a medical necessity for: Single positional MRI right wrist. The MTUS recommends imaging studies to clarify the diagnosis if the medical history and physical examination suggest specific disorder. However, in this case, the 06/13/15 medical report revealed full range of motion of the right wrist, but no documentation of Special tests like Finkelstein's test, Phalen and Tinel; nor documentation of finding son palpation; there was no physicals reported in the 07/13/15 encounter report. In the absence of a specific disorder, MRI right shoulder is not medically necessary.

12 physical therapy visits: 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 injured worker sustained a work related injury on 2-16-2015. . The medical records provided indicate the diagnosis of cervical facet arthropathy, lumbar facet arthropathy, and myofascial pain. Treatment has included conservative measures including medical imaging, physical therapy, and medications. The medical records provided for review do

not indicate a medical necessity for 12 physical therapy visits. The chronic pain Physical Medicine guidelines recommends a fading treatment of 8-10 physical therapy visits followed by home exercise program. The requested treatment exceeds the recommended visits; besides the medical records indicate the injured worker has had similar treatment in the past.

Pain Medicine Follow up visit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, Page 56.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

Decision rationale: The injured worker sustained a work related injury on 2-16-2015. The medical records provided indicate the diagnosis of cervical facet arthropathy, lumbar facet arthropathy, and myofascial pain. Treatment has included conservative measures including medical imaging, physical therapy, and medications. The medical records provided for review do not indicate a medical necessity for Pain Medicine Follow up visit. The medical records indicate the history and physical examinations were not thorough; therefore, without adequate information to provide to the referral physician, it is not medically necessary and appropriate to refer the injured worker at this stage. The MTUS requires the clinician to provide appropriate medical evaluation and treatment while adhering to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral.

Orthopedic Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Office Visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 209; 269 respectively.

Decision rationale: The injured worker sustained a work related injury on 2-16-2015. The medical records provided indicate the diagnosis of cervical facet arthropathy, lumbar facet arthropathy, and myofascial pain. Treatment has included conservative measures including medical imaging, physical therapy, and medications. The medical records provided for review do not indicate a medical necessity for Orthopedic Consultation. The MTUS states that Surgical considerations for shoulder; or hand and wrist complaints depend on the confirmed diagnosis of the presenting shoulder; or hand and wrist complaint, but in this case there are no diagnoses.