MAXIMUS Federal Services

Case Number:	CM15-0145120		
Date Assigned:	08/06/2015	Date of Injury:	07/29/2014
Decision Date:	09/02/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	07/27/2015

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: Emergency 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 47 year old male who sustained an industrial/work injury on 7-29-14. He reported an initial complaint of neck, back, and left shoulder pain. The injured worker was diagnosed as having cervicalgia and left shoulder muscle strain. Treatment to date includes medication, modified duty, surgery (left shoulder arthroscopic superior labral tear repair), physical therapy, and steroid injection. Currently, the injured worker complained of shoulder discomfort. Per the primary physician's report (PR-2) on 6-26-15, reported that modified duty was ordered and the shoulder had gotten somewhat better but not 100%. No clinical exam was performed. On 7-20-15, there was a request for an MRI (magnetic resonance imaging) and other services. There were not objective findings. The requested treatments include MRI cervical spine with rule out of stenosis, cervical physical therapy, and referral for consult for left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical spine with R/O stenosis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-179.

Decision rationale: The requested MRI cervical spine with R/O stenosis, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 178-179, recommend imaging studies of the cervical spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option". The injured worker has neck, back and shoulder pain. The treating physician has not documented a history of acute trauma, nor physical exam evidence indicative of radiculopathy such as a Spurling's sign or deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met, MRI cervical spine with R/O stenosis is not medically necessary.

Cervical physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 203, Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: The requested Cervical physical therapy, is not medically necessary.CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, Page 98-99, recommend continued physical therapy with documented objective evidence of derived functional improvement. The injured worker has neck, back and shoulder pain. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, nor the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, Cervical physical therapy is not medically necessary.

Referral for consult for left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Part 1: Introduction Page(s): 1.

Decision rationale: The requested Referral for consult for left shoulder, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary." The injured worker has neck, back and shoulder pain. The treating physician has not documented objective evidence that the injured worker is a surgical candidate regarding the left shoulder. The criteria noted above not having been met, Referral for consult for left shoulder is not medically necessary.