

Case Number:	CM15-0190950		
Date Assigned:	10/05/2015	Date of Injury:	07/15/2014
Decision Date:	11/10/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/28/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 32 year old female, who sustained an industrial injury on 7-15-2014. A review of the medical records indicates that the injured worker is undergoing treatment for rule out right cervical discogenic injury versus brachioplexopathy, right upper extremity radiculopathy, status post diagnostic right shoulder arthroscopy with decompression, and major depressive disorder. The Primary Treating Physician's report dated 8-5-2015, noted the injured worker reported neck pain that radiated into her right shoulder rated 9 out of 10, post-operative right shoulder pain that radiated into the supraclavicular space and into her right breast rated as 4-5 out of 10, and severe anxiety and loss of sleep. The injured worker's current medications were noted to include over-the-counter (OTC) Advil and Motrin. The physical examination was noted to show the cervical spine range of motion (ROM) within normal limits but painful upon extension and right lateral flexion with positive cervical compression and maximal foraminal compression, with muscle strength decreased at the deltoid, triceps, and forearm extension. Palpation of the anterior aspect of the right shoulder continued to elicit tenderness to palpation of the entire shoulder with abduction eliciting subaxillary type pain. A cervical spine MRI dated 6-27-2015, noted the impression of loss of cervical lordosis and 2mm diffuse disc bulges at C3-c4, C4-C5, C5-C6, and C6-C7 with no spinal canal or neural foramina narrowing. A 7-10-2015 electromyography (EMG)-nerve conduction velocity (NCV) was noted to be a normal electrodiagnostic study with no evidence of left or right arm peripheral neuropathy of left or right C5-T1 motor radiculopathy. Prior treatments have included Acetaminophen, Naproxen, Norflex, Toradol intramuscular injection, hot-cold packs, acupuncture, right shoulder surgery on

12-16-2014, and at least 21 sessions of physical therapy. The treatment plan was noted to include a cervical spine MRI, a right shoulder MR Arthrogram, psychological consultation and possible treatment, and physical therapy. The physical therapy note dated 7-28-2015, was noted to be the injured worker's 21st visit, with the injured worker reporting 25% less pain and stiffness following the last treatment, with continued intermittent anterior shoulder-back soreness and stiffness. The injured worker reported 25% increase in range of motion (ROM) with moderate soreness and fatigue post-treatment. The request for authorization dated 8-13-2015, requested a MRI (Magnetic Resonance Imaging) of the cervical spine without contrast material and physical therapy for the right shoulder 2 times a week for 5 weeks, quantity: 10 sessions. The Utilization Review (UR) dated 8-25-2015, non-certified the requests for a MRI (Magnetic Resonance Imaging) of the cervical spine without contrast material and physical therapy for the right shoulder 2 times a week for 5 weeks, quantity: 10 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) of the cervical spine without contrast material:

Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary.

Decision rationale: According to the ACOEM guidelines, an MRI of the cervical spine is not recommended in the absence of any red flag symptoms. It is recommended to evaluate red-flag diagnoses including tumor, infection, fracture or acute neurological findings. It is recommended for nerve root compromise in preparation for surgery. There were no red flag symptoms. There was no plan for surgery. There were no recent changes in history that would require a repeat MRI. The request for an MRI of the cervical spine is not medically necessary.

Physical therapy for the right shoulder 2 times a week for 5 weeks, quantity: 10 sessions:

Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Activity Modification, Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks; Reflex

sympathetic dystrophy (CRPS) 24 visits over 16 weeks. According to the ACOEM guidelines: Physical and Therapeutic Interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. The claimant had a request to complete 24 sessions of therapy after surgery in Dec 2014. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. Consequently, additional 10 therapy sessions are not medically necessary.