

Case Number:	CM15-0200004		
Date Assigned:	10/15/2015	Date of Injury:	04/12/2013
Decision Date:	11/24/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/12/2015

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 was a 59 year old male, who sustained an industrial injury, April 12, 2013. The injured worker was undergoing treatment for other syndrome affecting the cervical spine, cervicgia, disorder of bursae and tendons in the shoulder region and status post rotator cuff repair. According to progress note of August 9, 2015, the injured worker's chief complaint was right shoulder and neck pain. The objective findings revealed right shoulder motion was good with mild impingement. There was pain over the trapezius and myofascial pain in the shoulder. There were positive radicular symptoms with altered sensation and motor distally. On August 24, 2014, there was a request for a spine specialist. The injured worker previously received the following treatments Tramadol. The RFA (request for authorization) dated August 14, 2015; the following treatments were requested for physical therapy and cervical spine MRI without contrast to rule out stenosis. The UR (utilization review board) denied certification on September 16, 2015; for physical therapy and cervical spine MRI without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x12 sessions for the neck, cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care, Activity Alteration, Summary, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: According to the guidelines, 8-10 sessions of physical therapy is appropriate with additional exercises to be completed at home. In this case, the claimant received numerous sessions of therapy for the shoulder but not for the neck. Although therapy is appropriate, the request for 12 sessions exceeds the guidelines recommendations and is not medically necessary.

MRI without contrast MRI of the cervical spine, cervical spine: 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. The claimant was referred to a surgeon, but there were no abnormal neurological findings prior to the referral to warrant surgery. The MRI request was not from the surgeon. The request for an MRI of the cervical spine is not medically necessary.