

Case Number:	CM15-0203260		
Date Assigned:	10/20/2015	Date of Injury:	07/17/2014
Decision Date:	12/16/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/15/2015

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, Massachusetts

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:

This injured worker is a 56 year old male who reported an industrial injury on 7-17-2014. His diagnoses, and or impressions, were noted to include: minor closed head injury; cervical strain with degeneration of inter-vertebral disc, a small annular tear, possible cervical radiculitis, and pain; tension headaches; and right shoulder derangement with pain, and pain in the right elbow. Magnetic resonance imaging studies of the cervical spine were done on 1-10-2014 & 8-14-2014, noting minimal scoliosis and mild multi-level disc desiccation; a cervical spine x-ray was said to be done on 7-22-2014; and computed tomography studies of the cervical spine were said to have been done on 11-15-2013. His treatments were noted to include: physical therapy evaluation and treat on 12-18-2013; 15 physical therapy treatments; a soft cervical collar; a panel qualified medical evaluation on 4-27-2015 & on 9-4-2015; medication management; and rest from work with no modified duties available. The report notes of 9-4-2015 noted complaints which included: neck and right upper extremity pain, rated 3-5 out of 10, for 60% of his day, associated with increased activities which increased his pain to 7 out of 10 requiring him to take pain medication; pain at the back of his head, up over his head to his eyes, right arm numbness with shooting pain from the deltoid-shoulder to the elbow; and numbness-tingling in the entire hand with use. The objective findings were noted to include: difficulty with some activities of daily living and with sleep; tenderness with spasms in the trapezius musculature, right > left, and para-cervical musculature; positive cervical traction test; painful and decreased bilateral cervical range-of-motion; painful thoracic range-of-motion; tenderness over the right shoulder, severe up to the trapezius muscle on the top, with decreased and painful right shoulder flexion and

abduction; tingling sensation in the right elbow and hand; and decreased right grip strength. The physician's requests for treatment from the 6-25-2015 progress notes was noted to include seeking approval for 12 additional sessions of physical therapy for the neck, shoulder and elbow because of decreased range-of-motion in the right shoulder, and because previous physical therapy had helped. The Request for Authorization, dated 6-25-2015, was noted to include 12 sessions of physical therapy for the neck. The Utilization Review of 10-13-2015 non-certified x-rays of the right shoulder and neck, and 12 physical therapy sessions for the right shoulder and neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Diagnostic Criteria, Special Studies.

Decision rationale: The injured worker has reported internal derangement of the right shoulder. An x-ray of the right shoulder is not the appropriate imaging test to assess internal derangement of the shoulder capsule, ligaments, and tendons. According to the cited guidelines, x-ray imaging is appropriate following a traumatic injury or when there is clinical suspicion for a bony abnormality that can be seen on radiographic imaging. From the reviewed records, there is no evidence on physical exam or symptoms that would suggest a bony abnormality that would be apparent on shoulder x-ray. As well, the initial injury was nearly 17 months ago and there is no evidence of new injury that would necessitate updated imaging. Consequently, the requested study is not medically necessary at this time.

X-ray of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, Diagnostic Criteria.

Decision rationale: The injured worker had MRI imaging of the cervical spine on 8/14/14. At that time, there was evidence of disc desiccation and slight bulging. At this time, the continued pain is likely attributed to findings already elucidated on the MRI. According to the cited guidelines, x-ray is appropriate following a traumatic injury or to evaluate worsening of symptoms that may suggest new findings that would be visible on radiographic imaging. According to the injured worker's medical records, there has been no new injury, physical exam evidence of worsening findings or worsening symptoms to suggest that new findings would be apparent on an x-ray. Consequently, a cervical x-ray is not medically necessary at this time.

Physical therapy to treat the neck and right shoulder x 12: Upheld

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

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

Decision rationale: According to MTUS guidelines physical therapy is recommended, as it is helpful in "controlling symptoms such as pain, inflammation and swelling to improve the rate of healing of soft tissue injuries." The MTUS guidelines allow for an initial course of up to 9-10 PT visits over 8 weeks. The injured worker has already completed an initial course of physical therapy. The provided records do not note if the initial course was effective in mitigating pain or improving functional capacity, therefore the necessity for continued treatment has not been established. Consequently based on the guidelines and my review of the provided records I believe the requested sessions of physical therapy are not medically necessary at this time.