

Case Number:	CM15-0040586		
Date Assigned:	03/10/2015	Date of Injury:	03/06/2012
Decision Date:	04/21/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	03/03/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 year old female who sustained a work related injury on March 6, 2012. She was diagnosed with cervical radiculopathy, lumbar disc disease and bilateral carpal tunnel. Magnetic Resonance Imaging (MRI) revealed multilevel disc protrusions and degenerative changes. Treatment included physical therapy, medications, and acupuncture sessions. Currently, the injured worker complained of increased lower back pain radiating into the leg and right knee, shoulder pain and wrist pain. Treatment included hot and cold applications, acupuncture sessions, cortisone injections for her knee, physical therapy and pain medications. She complained of increased shoulder pain and was diagnosed with a shoulder impingement. Authorization was requested for a Magnetic Resonance Imaging (MRI) of the shoulder and aqua therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

One MRI of the right shoulder without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, MRI.

Decision rationale: The MTUS is silent with regard to specific indications for shoulder MRI. Per the ODG guidelines: Indications for imaging Magnetic resonance imaging (MRI). Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs- Subacute shoulder pain, suspect instability/labral tear. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008) Since the x-rays are non-revealing, the request is medically necessary.

Twelve aqua therapy sessions for the right shoulder and right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Aquatic therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: The California MTUS guidelines recommends aquatic therapy as an optional form of therapy where reduced. The injured employee has already participated in formal physical therapy for the knee and shoulder and is assumed to be currently participating in a home exercise program. There is no justification supplied why additional formal aquatic therapy is needed for the right shoulder and knee. As such, this request for 12 aquatic therapy sessions for the knee and shoulder or not medically necessary.