

<b>Case Number:</b>	CM15-0049556		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	12/08/2010
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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 42 year old female who sustained an industrial injury on 12/08/12. Current diagnosis includes cervical strain, right shoulder impingement syndrome and right carpal tunnel syndrome. Treatments to date include medications, right shoulder surgery (right shoulder arthroscopic on 10/29/14), physical therapy, and acupuncture treatments. Diagnostic studies include a MRI. Current complaints consist of right shoulder and ongoing neck pain, persistent anxiety, and depression. In a progress note dated 03/02/15 the treating provider reports the plan of care as including medications including Norco and amitriptyline, psychiatric evaluation, and random urine drug testing. Exam reveals cervical tenderness with limited range of motion. Right trapezius and paraspinal tenderness. Shoulder exam revealed "improved" range of motion, healed scar and positive Tinel's. Prior MRI of cervical spine dated 2/27/14 revealed C3-4 disc protrusion and annular tear. Osteophytic complex at lateral aspects, normal otherwise. The requested treatments are MRI of the cervical spine and right shoulder, physical therapy to the cervical spine and right shoulder, and nerve conduction studies of the bilateral upper extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the right shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, MRI's.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

**Decision rationale:** As per MTUS ACOEM Guidelines, imaging of shoulders should be considered when there are emergence of red flag (limb or life threatening) findings, evidence of loss of neurovascular function, failure to progress in strengthening program and pre-invasive procedure. Patient fails all criteria. There are no red flags or signs of loss of neurovascular function. There is no recent neurological exam. There is no plan for surgery. No basic imaging reports were provided. MRI of right shoulder is not medically necessary.

**Physical therapy x 12 for the right shoulder and cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Physical Therapy (PT).

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

**Decision rationale:** As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Patient has documented prior multiple PT sessions (Total number was not documented) was completed and had reported subjective improvement. The provider has failed to document any objective improvement from prior sessions, how many physical therapy sessions were completed or appropriate rationale as to why additional PT sessions are necessary. Objective improvement in strength or pain is not appropriately documented, only subjective belief in improvement. There is no documentation if patient is performing home directed therapy with skills taught during PT sessions but only home exercises. There is no documentation as to why home directed therapy and exercise is not sufficient. Documentation fails to support additional PT sessions. Additional 10 physical therapy sessions are not medically necessary.

**MRI of the cervical spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter, Indications for imaging, MRI.

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

**Decision rationale:** As per ACOEM guidelines, indications for neck imaging include "red flag" findings, physiological evidence of neurological or physiological dysfunction, failure to progress in strengthening program and pre-invasive procedure. The documentation does not support any

indication for imaging. There is documentation of prior conservative care. There is no documentation of worsening symptoms. A recent neurological exam was not documented. MRI of cervical spine is not medically necessary.