

Case Number:	CM15-0049841		
Date Assigned:	03/23/2015	Date of Injury:	05/23/2012
Decision Date:	05/05/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	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: Texas, New York, California

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:

The applicant is a represented Los Angeles Unified School District (LAUSD) employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of May 20, 2012. In a Utilization Review report dated March 12, 2015, the claims administrator failed to approve requests for 10 sessions of physical therapy, shoulder MRI imaging and lumbar MRI imaging. A February 17, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. A survey of the claims administrator's medical evidence log suggested that a very limited number of progress notes were incorporated into the IMR packet. The most recent note on file, per the claims administrator, was that of December 16, 2014. On December 16, 2014, the applicant reported ongoing complaints of low back, knee and shoulder pain. The applicant had completed only 1 of 10 recently authorized physical therapy treatments, the attending provider acknowledged. The applicant exhibited a normal gait. Multifocal tenderness was appreciated. In another section of the note, the attending provider stated that the applicant completed only 3 of 12 sessions of previously authorized physical therapy. The applicant was returned to regular duty work. In an earlier note dated September 30, 2014, it was again stated that the applicant completed only 2 of 12 previously authorized physical therapy treatments. The applicant was, once again, returned to regular duty work as of that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 5 for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: No, the request for 10 sessions of physical therapy for the left shoulder was not medically necessary medically appropriate, or indicated here. As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants are expected to continue active therapies at home as an extension of the treatment process. Here, all evidence on file points to the applicant's having minimal-to-no residual impairment evident on several office visits of late 2014, referenced above. The applicant had returned to regular duty work as of that point in time. The applicant had apparently failed to complete previously authorized physical therapy treatment, it was reported on multiple progress notes of late 2014, likely on the grounds that the applicant had already transitioned and/or was capable of performing self-directed home-based physical medicine. It does not appear, in short, that further formal physical therapy was/is indicated here. While it is acknowledged that the February 17, 2015 progress note in which the claims administrator invoked in its determination was not incorporated into the Independent Medical Review packet, the historical information on file, however, failed to support or substantiate the request. Therefore, the request was not medically necessary.

MRI of the left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

Decision rationale: Similarly, the request for MRI imaging of the shoulder was likewise not medically necessary, medically appropriate or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 214, routine usage of MRI imaging or arthrography for evaluation purposes without surgical indications is deemed not recommended. Here, the admittedly limited and somewhat dated progress notes on file of late 2014 contained no references of the applicant's actively considering or contemplating any kind of surgical intervention involving the shoulder. It was not stated how the proposed shoulder MRI would influence or alter the treatment plan. While it is acknowledged that the February 17, 2015 progress note made available to claims administrator was not seemingly incorporated into the Independent Medical Review packet, the historical progress notes on file of late 2014 failed to support or substantiate the request. Therefore, the request was not medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: Finally, the request for lumbar MRI imaging was likewise not medically necessary, medically appropriate or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red-flag diagnoses are being evaluated. Here, however, there was no mention of the applicant's actively considering or contemplating any kind of surgical intervention involving the lumbar spine. While it is acknowledged that the February 17, 2015 progress note on which the article in question was proposed was not incorporated into the Independent Medical Review packet, the historical information on file, however, failed to support or substantiate the request. Therefore, the request was not medically necessary.