MAXIMUS Federal Services

| Case Number: | CM15-0050766 | | |
|---|---|---|---|
| Date Assigned: | 03/24/2015 | Date of Injury: | 08/07/2013 |
| Decision Date: | 05/13/2015 | UR Denial Date: | 03/02/2015 |
| Priority: | Standard | Application Received: | 03/17/2015 |

## 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: Physical Medicine & Rehabilitation

## 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 30-year-old male who reported an injury on 08/07/2013. The mechanism of injury was not provided. The injured worker has a history of neck and right shoulder pain. On 02/03/2015, the injured worker was seen for re-evaluation. The injured worker had a complaint of neck and right shoulder pain. Upon examination, there was tenderness to palpation about the scapular region of the right shoulder and pain with range of motion of the cervical spine. The recommendation included MRI of the cervical spine and right shoulder. Physical therapy is also recommended. Other therapies were noted to include physical therapy. No additional information was provided. It is unclear how many physical therapy sessions the injured worker has previously received. The Request for Authorization is dated 02/09/2015.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the cervical spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The request for an MRI of the cervical spine is not supported. The injured worker has a history of neck and right shoulder pain. The California MTUS/ACOEM Guidelines state that equivocal findings that identify specific nerve compromise on the neurologic examination are significant evidence to warrant imaging studies if symptoms persist. There is a lack of documentation of neurological deficits on examination. The physical exam findings are minimal. There is no clear indication for an MRI of the cervical spine. The request for an MRI of the cervical spine is not medically necessary.

**TENS unit for home use:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116.

**Decision rationale:** The decision for TENS unit home use is not supported. The injured worker has a history of neck and right shoulder pain. The California MTUS Guidelines state there should be documentation of pain for at least 3 months duration and evidence that other appropriate pain modalities have been tried and failed. A 1 month trial of TENS unit should be documented and in adjunction to ongoing treatment modalities with a functional restoration program with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Rental would be preferred over purchase during this trial. There is a lack of documentation for the necessity of a TENS unit. There is a lack of documentation as to whether the request is for purchase or trial of the TENS unit. As such, the request for TENS unit for home use is not medically necessary. There is a lack of documentation as to the length of time the unit is to be used.

**MRI of right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

**Decision rationale:** The request for MRI of the right shoulder is not supported. The injured worker has a history of neck and right shoulder pain. The California MTUS/ACOEM Guidelines state most shoulder problems special studies are not needed unless a 4 to 6 week period of conservative care and observation failed to improve symptoms. There should be evidence of injury or neurovascular dysfunction. The clinical information submitted for review has very minimal physical examination. There is no clear indication for an MRI of the shoulder. Secondary to insufficient information, the request for MRI of the shoulder is not medically necessary.

**Physical Therapy for right shoulder, twice a week for six weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request for Physical Therapy for right shoulder, twice a week for six weeks is not supported. The California MTUS supports physical therapy as an option for the management of chronic pain and recommends up to 10 visits. The injured worker has received physical therapy previously. It is unclear how many sessions of physical therapy were completed. There is a lack of documentation of objective functional improvement and remaining deficits from prior therapy visits. Secondary to insufficient information, the request for Physical Therapy for right shoulder, twice a week for six weeks is not supported. As such, the request for Physical Therapy for right shoulder, twice a week for six weeks is not medically necessary.