

Case Number:	CM15-0052315		
Date Assigned:	03/25/2015	Date of Injury:	03/14/2014
Decision Date:	05/14/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/19/2015

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: Orthopedic Surgery, Sports 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 first reported an injury on 03/14/2014, after attempting to break up 2 altercations on campus. She is a 50-year-old female who reported neck pain, bilateral shoulder pain, back pain extending into both buttocks, right knee pain, and right 5th finger proximal interphalangeal joint pain. She was assessed with chronic cervicalgia spasm, lumbago spasm, bilateral lower extremity radiculopathy, right knee synovitis, left shoulder rotator cuff tendinitis, and right shoulder rotator cuff tendinopathy. The injured worker was treated with rest, ice, acupuncture (2 times/week for 4 weeks), and Medrol for radiculopathy. A rotator cuff repair was performed in 2011. On 03/14/2014, she was treated with a right knee cortisone injection, a left shoulder subacromial cortisone injection, and she was also injected at the fifth proximal interphalangeal joint with cortisone injection. Lumbar spine x-rays showed no evidence of abnormalities involving lumbar spine. MRI of the right hand from 12/23/2014 was interpreted by [REDACTED], to show early changes related to minor osteoarthritic changes then distal interphalangeal joints with no evidence of bony defect, particularly no evidence of tumor. Right knee synovitis was seen on a previous unofficial MRI. A clinical noted dated 03/31/2015 reported an MRI finding of left shoulder rotator cuff bursitis. Physical exam showed left shoulder range of motion with provocative impingement findings, bilateral paraspinal muscle spasm were present and the injured worker was able to ambulate independently without assistance on the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

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

Decision rationale: The patient was assessed with lumbago and presented with paraspinal muscle spasms. On 03/14/14 the patient described back pain radiating into both buttocks with a burning quality. She was treated with Medrol and acupuncture; however, the current request is for MRI of the lower back. According to Official Disability Guidelines the patient has had at least one month of conservative therapy. As such the request for MRI is medically necessary.

Physical therapy for the lumbar spine, twice weekly for four weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98 - 99.

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

Decision rationale: The patient was assessed with lumbago and presented with paraspinal muscle spasms. On 03/14/14 the patient described back pain radiating into both buttocks with a burning quality. She was treated with Medrol and acupuncture; however, the current request is for physical therapy. California MTUS guidelines do recommend physical therapy for neuralgia, neuritis, and radiculitis for 8-10 visits over four weeks. Since the patient has continued pain despite treatment, and meets guideline criteria, the request for physical therapy twice a week for four weeks is medically necessary.

Left shoulder subacromial arthroscopic decompression, distal clavicle excision, bursectomy, rotator cuff repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter.

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

Decision rationale: According to Official Disability Guidelines for rotator cuff repair, the patient should present with shoulder pain, inability to elevate the arm, weakness with abduction,

possess full passive range of motion, and show imaging to support this condition, and conservative care for 3 to 6 months. The patient has had treatment with four weeks of acupuncture, a left shoulder subacromial cortisone injection, unofficial MRI showing rotator cuff tendinitis, provocative impingement findings, and limited range of motion secondary to pain. Although the patient meets the minimum criteria for the procedure, recent, and official imaging studies are required. Since, detailed information regarding the MRI was not provided the request is non-certified.

Pre-operative medical clearance: Upheld

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

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

Decision rationale: According to Official Disability Guidelines, preoperative lab testing should only be done for patients when there are relevant clinical physical findings, or the procedure is high risk. Furthermore, since the requested surgery has not been certified preoperative lab testing would not be medically necessary. As such the request is not medically necessary.

Cold therapy unit with pads: 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), Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Cold/Heat Packs.

Decision rationale: According to Official Disability Guidelines, cold therapy is only recommended for acute pain. The patient has had pain symptoms longer than 90 days; therefore, efficacy is not established. Furthermore, the surgery was non-certified, as such, medical necessity is not established and the request is not medically necessary.

Arm sling: Overturned

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 Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 205.

Decision rationale: According to California ACOEM guidelines, for patients with shoulder disorders, careful advice regarding maximizing activities within the limit of symptoms is

imperative once red flags have been ruled out. If indicated, the joint can be kept at rest in a sling. Since the patient has expressed pain despite acupuncture, cortisone injection, and medication the sling may be indicated. As such, the request is medically necessary.

Ultra Sling: 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 Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 205.

Decision rationale: California ACOEM guidelines recommend activity modification; however this splint is indicated status post rotator cuff repairs, capsular shifts, or Bankhart repairs. Since the requested surgery was not supported, the request for ultra-sling is not medically necessary, and as such, non-certified.

Eight sessions of post-operative physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 6.

Decision rationale: Postoperative physical therapy would not be medically necessary since the requested surgery was non-certified. As such, the request is non-certified.