

Case Number:	CM15-0059155		
Date Assigned:	04/03/2015	Date of Injury:	08/04/2011
Decision Date:	05/05/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	03/27/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 68 year old female, who sustained an industrial injury on 08/04/2011. The initial complaints or symptoms included right shoulder and right leg pain/injury after tripping and falling. The injured worker was treated with sutures to the right side of face 9above the eye). Treatment to date has included conservative care, medications, conservative therapies (previous occupational and physical therapies), and x-rays. Currently, the injured worker complains of right shoulder pain, right leg pain and right-sided facial pain (right side of face and above right eye). The diagnoses include chronic pain, impingement syndrome of the left shoulder, supraorbital neuralgia, and arthropathy of the lumbar facet joint. The treatment plan consisted of MRIs of the right shoulder and lumbar spine, 6 additional sessions of physical therapy for the right shoulder, supraorbital nerve block and plastic surgery consultation.

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, Indications for imaging - Magnetic resonance imaging (MRI).

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

Decision rationale: Pursuant to the Official Disability Guidelines, MRI right shoulder is not medically necessary. MRI and arthropathy have fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. The indications for magnetic resonance imaging are rated in the Official Disability Guidelines include, but are not limited to, acute shoulder trauma, suspect rotator cuff tear/impingement, over the age of 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. In this case, the injured worker's working diagnoses are chronic pain; impingement syndrome shoulder region; supraorbital neuralgia; and arthropathy lumbar facet joint. Objectively, range of motion of the shoulder is within normal limits except for abduction which is limited to 150 in the right upper extremity. Motor strength was normal. MRI of the right shoulder was performed March 8, 2014. The results showed supraspinatus tendinosis, mild AC arthritis and was otherwise normal. The treating provider, in the discussion section, is requesting repeat imaging of the right shoulder as well as imaging of the low back because of increasing discomfort since her initial imaging more than three years prior. The diagnosis is consistent with right shoulder impingement syndrome. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and or findings suggestive of significant pathology. There are minimal objective findings on physical examination. There does not appear to be a significant change in symptoms and/or objective findings suggestive of significant pathology. Consequently, absent clinical documentation with a significant change in symptoms and or objective findings suggestive of significant pathology with an MRI of the shoulder performed MRI March 8, 2014, MRI (repeat) right shoulder is not medically necessary.

MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Indications for imaging - Magnetic resonance imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, MRI.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI of the lumbar spine is not medically necessary. MRIs of the test of choice in patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, it is not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. Indications (enumerated in the official disability guidelines) for imaging include, but are not limited to, lumbar spine trauma, neurologic deficit;

uncomplicated low back pain with red flag; uncomplicated low back pain prior lumbar surgery; etc. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. See the ODG for details. In this case, the injured worker's working diagnoses are chronic pain; impingement syndrome shoulder region; supraorbital neuralgia; and arthropathy lumbar facet joint. Objectively, musculoskeletal examination of the lumbar spine did not show tenderness or trigger points. Range of motion is within normal limits except for extension, which is limited to 25. Motor strength was normal. The injured worker, according to the progress note dated February 25, 2015, had a prior magnetic resonance imaging scan proximally three years prior. According to the utilization review documentation, the injured worker have a least two magnetic resonance imaging scans of the lumbar spine. The ACOEM recommends unequivocal objective findings that identify a specific nerve compromise are sufficient evidence to warrant imaging. There is no documentation of specific nerve compromise on the neurologic evaluation. There are no red flags noted in the medical record. There is a normal neurologic evaluation documented in the February 25, 2015 progress note. Consequently, absent compelling clinical documentation with two prior MRI studies of the lumbar spine and minimal clinical findings on physical examination, MRI (repeat) lumbar spine is not medically necessary.

Physical Therapy x 6 for 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, Physical Therapy Guidelines - Shoulder.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Section, Physical Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy times six to the right shoulder is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are chronic pain; impingement syndrome shoulder region; supraorbital neuralgia; and arthropathy lumbar facet joint. According to a February 25, 2015 progress note, the injured worker had prior physical therapy dating back to 2011. The total number of physical therapy sessions to date is unclear based on the documentation. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. There are no compelling clinical facts in the medical record to warrant additional physical therapy. There are no physical therapy progress notes in the medical record. There is no documentation of objective functional improvement in the medical record. Consequently, absent clinical documentation with objective functional improvement and compelling documentation to support additional physical therapy in excess of the recommended guidelines (unknown number of physical therapy sessions to date), physical therapy times six to the right shoulder is not medically necessary.

