

Case Number:	CM15-0082428		
Date Assigned:	05/04/2015	Date of Injury:	11/28/2012
Decision Date:	06/04/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/29/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 53 year old female injured worker suffered an industrial injury on 11/28/2012. The diagnoses included cervical pain, extremity pain, hand pain, shoulder pain and wrist pain. The injured worker had been treated with medications, physical therapy and injections. On 3/19/2015, the treating provider reported cervical spine range of motion restrictions that is limited by pain with tenderness. The left shoulder had restricted range of motion. The pain with medication was 8/10 and without medications 10/10. The treatment plan included Physical therapy, MRI of the cervical spine and MRI of the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks for a total of 12 visits: Upheld

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

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

Decision rationale: The claimant sustained a work injury in November 2012 and continues to be treated for radiating neck pain. When this request was made, her activity level had increased. Physical examination findings included decreased cervical spine range of motion with negative Spurling's testing. There was decreased shoulder range of motion with positive impingement testing. Authorization for additional testing and physical therapy was requested. Under the chronic pain treatment guidelines, a six visit clinical trial with a formal reassessment prior to continuing therapy is recommended. In this case, the number of visits requested is in excess of that recommended and therefore not medically necessary.

MRI of the Cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Magnetic resonance imaging (MRI).

Decision rationale: The claimant sustained a work injury in November 2012 and continues to be treated for radiating neck pain. When this request was made, her activity level had increased. Physical examination findings included decreased cervical spine range of motion with negative Spurling's testing. There was decreased shoulder range of motion with positive impingement testing. Authorization for additional testing and physical therapy was requested. Indications for obtaining an MRI of either the cervical spine or shoulder include the presence of 'red flags' such as suspicion of cancer or infection and after failure of reasonable conservative measures including physical therapy. In this case, there are no identified 'red flags' and a course of physical therapy was also requested. The claimant's activity level was increasing. Therefore, MRI scans of the cervical spine and right shoulder were not medically necessary.

MRI of the left shoulder: Upheld

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

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

Decision rationale: The claimant sustained a work injury in November 2012 and continues to be treated for radiating neck pain. When this request was made, her activity level had increased. Physical examination findings included decreased cervical spine range of motion with negative Spurling's testing. There was decreased shoulder range of motion with positive impingement testing. Authorization for additional testing and physical therapy was requested. Indications for obtaining an MRI of either the cervical spine or shoulder include the presence of 'red flags' such as suspicion of cancer or infection and after failure of reasonable conservative measures including physical therapy. In this case, there are no identified 'red flags' and a course of physical

therapy was also requested. The claimant's activity level was increasing. Therefore, MRI scans of the cervical spine and right shoulder were not medically necessary.