

Case Number:	CM15-0087436		
Date Assigned:	05/13/2015	Date of Injury:	01/20/2014
Decision Date:	07/08/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/06/2015

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 47 year old female, who sustained an industrial injury on January 20, 2014. She reported an injury to her neck, right shoulder and arm. Treatment to date has included chiropractic therapy, trigger point therapy, electric muscle stimulation, heat/ice therapy, vibratory message and neuromuscular message. Currently, the injured worker complains of right shoulder pain and has a limited range of motion. She reports that the shoulder pain radiates to the right arm and therapy has helped reduce the pain and improve the range of motion. The diagnoses associated with the request include cervical sprain/strain, cervicobrachial syndrome, intervertebral disc disorder, shoulder sprain/strain, and disorder of the bursae and tendons. The treatment plan includes medications, MRI of the right shoulder and eight sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 4 weeks (8 sessions) for the Bilateral Neck: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Physical Medicine.

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) Neck section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times four weeks (8 sessions) to the bilateral neck 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 cervical sprain strain; cervical brachial syndrome; inter-vertebral disc disorders; shoulder sprain strain; disorder of bursa and tendons. The injured worker date of injury is January 20, 2014. The treating providers (chiropractor) first treatment notes dated March 3, 2015. The injured worker had subjective complaints of neck and shoulder pain. The chiropractor provided chiropractic treatments, trigger point therapy, electric muscle stimulation, and application of heat and ice. A follow-up progress note dated April 7, 2015 contains subjective complaints about the right shoulder with decreased range of motion. Objectively, the degrees of range of motion did not specify right or left shoulder. There were no subjective complaints referencing the neck. There was no objective physical examination of the neck. It is unclear whether and how many physical therapy sessions to date the injured worker received. The treating provider requested 8 physical therapy sessions. If the injured worker has not received prior physical therapy to date, a six visit clinical trial is clinically indicated. The treating provider exceeded the recommended guidelines for six visit clinical trial. Consequently, absent clinical documentation with subjective cervical and objective physical findings of the cervical spine according to an April 7, 2015 progress note, evidence of prior physical therapy or, in the alternative, a physical therapy (eight sessions) request in excess of the recommended six visit clinical trial, physical therapy two times per week times four weeks (8 sessions) to the bilateral neck is not medically necessary.

MRI of the Right 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. 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 arthrography 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. They 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 cervical sprain strain; cervical brachial syndrome; inter-vertebral disc disorders; shoulder sprain strain; disorder of bursa and tendons. The injured worker date of injury is January 20, 2014. The treating providers (chiropractor) first treatment notes dated March 3, 2015. The injured worker had subjective complaints of neck and shoulder pain. The chiropractor provided chiropractic treatments, trigger point therapy, electric muscle stimulation, and application of heat and ice. A follow-up progress note dated April 7, 2015 contains subjective complaints about the right shoulder with decreased range of motion. Objectively, the degrees of range of motion did not specify right or left shoulder. There is no documentation in the medical record of acute shoulder trauma with a suspected rotator cuff tear. There is no instability noted on physical examination. Physical examination provides range of motion with specific degree measurements, but does not specify whether the findings are right or left shoulder or both. Consequently, absent clinical documentation with sufficient objective clinical findings and initial improvement based on initial chiropractic treatment, trigger points, electric muscle stimulation and hot cold applications, MRI right shoulder is not medically necessary.