

Case Number:	CM13-0032166		
Date Assigned:	12/04/2013	Date of Injury:	05/23/2008
Decision Date:	07/31/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/07/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 54-year-old female who was reportedly injured on May 23, 2008. The mechanism of injury is stated to be a slip and fall. The most recent progress note, dated August 30, 2013, indicates that there are ongoing complaints of neck pain, back pain, left shoulder pain, right foot and ankle pain, difficulty sleeping, and stomach pain. The physical examination demonstrated decreased cervical and lumbar spine range of motion. There were muscle spasms noted from L3 through S1. There was a normal upper and lower extremity neurological examination. Diagnostic imaging studies objectified degenerative changes at C5/6 and C6/7 and decreased disc space at L5 - S1. Previous treatment includes physical therapy for the right foot, chiropractic care for the upper and lower back and surgery for the left shoulder. A request had been made for an MRI of the cervical and lumbar spine, an MR arthrogram of the left shoulder, and physical therapy for the right foot and ankle that was not certified in the pre-authorization process on September 20, 2013.

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: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165.

Decision rationale: According to the medical record, the injured employee has no new complaints of symptoms associated with her cervical spine, nor are there any red flags or neurological deficits of the upper extremities. Considering this, it is unclear why there is an magnetic resonance image (MRI) of the cervical spine requested. Without any acute symptoms or progressive neurological deficits, this request for an MRI of the cervical spine 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): 303-304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287.

Decision rationale: According to the medical record the injured employee has no new complaints of symptoms associated with her lumbar spine nor are there any red flags or neurological deficits of the upper extremities. Considering this, it is unclear why there is an magnetic resonance image (MRI) of the lumbar spine requested. Without any acute symptoms or progressive neurological deficits, this request for an MRI of the lumbar spine is not medically necessary.

MRI ARTHROGRAM OF THE LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196.

Decision rationale: As with the request for the cervical and lumbar spine a repeat magnetic resonance image (MRI) arthrogram of the shoulder is also only indicated in the presence of red flag findings or other significant disability. The physical examination of the left shoulder only shows impingement findings and reduced range of motion. Therefore it is unclear what is expected to be found on a repeat MRI arthrogram of the left shoulder. For these reasons this request for an MRI arthrogram of the left shoulder is not medically necessary.

TWELVE PHYSICAL THERAPY VISITS FOR THE RIGHT FOOT AND ANKLE:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 58-59.

Decision rationale: According to the most recent progress note provided dated August 8, 2013, the injured employee has previously participated in physical therapy for the right foot and ankle. Additionally it is almost certain that the injured employee participated in physical therapy after surgery with the ankle as well. Considering this, the injured employee should be well-versed to what is expected of physical therapy for the right foot and ankle and should be able to continue this on her own at home with a home exercise program. This request for physical therapy for the right foot and ankle is not medically necessary.