

Case Number:	CM14-0101563		
Date Assigned:	07/30/2014	Date of Injury:	10/27/2012
Decision Date:	10/16/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/01/2014

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 Emergency Medicine and Fellowship Trained in Emergency Medical Services, and is licensed to practice in Texas. 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 40-year-old male who reported an injury on 10/27/2012. The mechanism of injury was a metal bar weighing approximately 25 pounds fell from a height above the injured worker and landed on the superior anterior aspect of the right shoulder. Prior treatments included physical therapy, chiropractic therapy, and surgical intervention. The injured worker had underwent an MRI of the shoulder in 06/2013. The medications included tramadol ER 150 mg, Prilosec 20 mg twice a day, naproxen 550 mg, and Ketoprofen 20% gel. The injured worker underwent an arthroscopic and superior labral anterior posterior repair SLAP tear on 04/09/2014. The documentation of 05/23/2014 revealed the injured worker's motion was improving. There was mild pain and discomfort. The injured worker was continuing with physical therapy. The motion was 80% of normal. The injured worker's strength was 4/5. The diagnosis included SLAP lesion status post repair. The treatment plan included meloxicam for pain and a continuation of physical therapy. There was no Request for Authorization submitted for review and there was no documentation related to cervical spine physical therapy or aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Land PT X 8 for the right shoulder and cervical spine: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend physical medicine for myalgia and myositis for up to 10 visits. The clinical documentation submitted for review failed to provide a specific date of request for the land physical therapy. There was a lack of documentation indicating a necessity for both land and aqua therapy. There was a lack of documentation indicating objective functional deficits and the objective functional benefit that was received. There was a lack of documentation indicating the quantity of sessions that had been attended and were related specifically to the shoulder and cervical spine. Given the above, the request for land PT x 8 for right shoulder and cervical spine is not medically necessary.

Aquatic PT X 8 for the right shoulder and cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy; Physical Medicine Page(s): 22; 98, 99.

Decision rationale: The California MTUS Guidelines recommend aquatic therapy where reduced weight bearing is necessary and the treatment is up to 10 visits of physical therapy for myalgia and myositis. The clinical documentation submitted for review indicated the injured worker underwent surgical intervention for the shoulder. There was a lack of documentation indicating a necessity for both aquatic and land based therapy. There was a lack of documentation of objective functional benefit and an objective decrease in pain, and there was a lack of documentation indicating the quantity of sessions the injured worker had attended. Additionally, there was a lack of documentation of objective findings related to the cervical spine. Given the above, the request for aquatic PT for the right shoulder and cervical spine is not medically necessary.

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The American College of Occupational and Environmental Medicine indicates the criteria for ordering imaging studies include the emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, and the failure to progress in a strengthening program intended to avoid surgery. Physiologic evidence may be in the form of definitive neurologic findings on electrodiagnostic, electrodiagnostic studies, laboratory tests, or bone scans. A special study should not be needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. The clinical documentation submitted for

review failed to meet the above criteria. There was a lack of documentation indicating cervical spine findings to support the necessity for an MRI. Prior therapies and interventions were not specifically provided regarding the cervical spine. There was a lack of documentation indicating a necessity for an MRI of the cervical spine. Given the above, the request for MRI cervical spine is not medically necessary.