

Case Number:	CM14-0137555		
Date Assigned:	09/05/2014	Date of Injury:	01/11/2013
Decision Date:	09/29/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/26/2014

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 Orthopaedic Surgery and is licensed to practice in California. 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:

This 28-year-old male firefighter/EMT sustained an industrial injury on 1/11/13. Injury occurred relative to a head-on motor vehicle accident while he was driving an ambulance. The 5/10/13 lumbar magnetic resonance imaging (MRI) impression documented bilateral L5 pars defects without anterolisthesis or neural compromise and probable atypical hemangiomas in S1 and S2. The patient underwent left shoulder arthroscopy on 8/14/13, and subsequent arthroscopic superior labrum anterior-posterior (SLAP) repair on 3/31/14. The 7/16/14 occupational medicine report cited continued neck and back pain with resolution of lower extremity pain with lumbar epidural steroid injection. Physical exam documented full cervical and lumbar range of motion with some discomfort. The diagnosis was neck, shoulder, and lumbar sprain/strain. The patient was reported making good progress with the left shoulder in physical therapy. The 8/12/14 orthopedic progress report indicated that the shoulder was improved with occasional popping. Physical exam documented mild anterior glenohumeral tenderness, normal strength and sensation, and negative orthopedic testing. Passive range of motion documented flexion 155, abduction 95-100, internal rotation 45, and external rotation 65 degrees in abduction. Additional physical therapy with work simulation/strengthening was requested for 6 visits. The 8/15/14 utilization review denied the request for cervical MRI as there was no indication that conservative treatment had been tried and failed. Physical therapy for the lumbar spine was denied as there was prior physical therapy for 8 visits with no documentation of objective functional gains to support additional treatment. The request for work conditioning was denied as there was no documentation of a plateau with physical therapy for the shoulder or a return to work goal consistent with guidelines. The 9/3/14 occupational medicine report indicated that the patient had a previous positive cervical MRI and a repeat MRI was indicated as he had progressive dysesthesias of the ulnar left hand and was being considered for cervical epidural

steroid injection. The patient had previously experienced a worsening of symptoms with lumbar physical therapy and had discontinued therapy without really having an adequate course. Additional physical therapy for the lumbar spine was requested 2x4. The patient was status post two shoulder surgeries and had been released to modified work relative to the shoulder. Pain continued to limit shoulder range of motion and work hardening had been recommended by the orthopedic surgeon. The patient remained off work.

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 without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182 table 8-8.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Magnetic resonance imaging (MRI).

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines provide criteria for ordering cervical spine Magnetic Resonance Imaging (MRIs) that includes emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure in a strengthening program intended to avoid surgery, or clarification of anatomy prior to an invasive procedure. The Official Disability Guidelines state that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Guideline criteria have not been met. There are no current clinical findings suggestive of a red flag, physiologic evidence of tissue insult, or neurologic dysfunction. There is no detailed documentation that conservative treatment had been tried and failed. Prior cervical MRI is reported but no results are documented. There is no significant change in symptoms noted to support repeat imaging. Therefore, this request is not medically necessary.

Physical therapy for the lumbar spine QTY: 12: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. In general, the California California (MTUS) guidelines would support up to 10 visits. Guideline criteria have not been met. The patient completed 8 prior visits of lumbar physical therapy with no

evidence of objective functional improvement. Physical therapy was discontinued due to increase in left shoulder symptoms. There is no specific functional deficit or treatment goal documented to support the medical necessity of supervised physical therapy over independent home exercise. The current request exceeds guideline recommendations. Therefore, this request is not medically necessary.

Work hardening for the left shoulder QTY: 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for admission to a Work Hardening Program. Decision based on Non-MTUS Citation ODG Guidelines Physical Medicine, Work Conditioning.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning/work hardening Page(s): 125-126.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) recommends work hardening programs as an option and provide specific criteria for admission. Admission criteria includes: work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level (i.e., not clerical/sedentary work); after an adequate trial of physical or occupational therapy with improvement followed by plateau and not likely to benefit from continued physical or occupational therapy or general conditioning; and a defined return to work goal agreed to by the employer and employee. Guideline criteria have not been met. There is no documentation of current functional limitations precluding ability to achieve current job demands. There is no evidence that the patient has completed his post-operative physical therapy and has plateaued, or would not achieve further gains. There is no indication that there is a defined return to work goal as the patient remains off work due to injuries other than his shoulder. Therefore, this request is not medically necessary.