

Case Number:	CM14-0177049		
Date Assigned:	10/30/2014	Date of Injury:	02/19/2009
Decision Date:	09/25/2015	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/27/2014

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. 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: Florida

Certification(s)/Specialty: Family Practice

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 51 year old female sustained an industrial injury to the neck, back, shoulder, wrists, right hip, right knee and right ankle on 2-19-09. Previous treatment included left shoulder arthroscopy with decompression (6-20-14), physical therapy and medications. In a PR-2 dated 9-11-14, the injured worker reported improving left shoulder pain with ongoing left shoulder weakness. The injured worker reported an exacerbation of scapular and low back pain with spasms due to lifting weights during postoperative physical therapy. Physical exam was remarkable for lumbar spine with tenderness to palpation, spasm and guarding in the paraspinal musculature with decreased sensation over the L5 distribution bilaterally and decreased left lower extremity strength. Current diagnoses included neck sprain and strain, thoracic spine sprain and strain, brachial neuritis, lumbar spine radiculitis and shoulder disorders. The treatment plan included magnetic resonance imaging lumbar spine, electromyography lower extremities and Lidoderm patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: California MTUS guidelines state, "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery." In this patient's case, the physical exam is clear that this patient has neurological abnormalities on physical exam (decreased sensation in the L5 dermatome, antalgic gait, and weakness with toe and heel walking.) An MRI of the Lumbar spine is indicated in this case to further examine the etiology of these abnormalities. Likewise, this request for an MRI of the Lumbar spine is considered medically necessary.

EMG/NCV of bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 60-61.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2015 Online Edition. EMG/NCS.

Decision rationale: An EMG/NCS of the bilateral lower extremities is being requested with an MRI study of the Lumbar spine. In this patient's case, it has been established that there are neurological abnormalities on physical exam that need further evaluation with an MRI of the Lumbar spine. At this time, an EMG/NCS will not be necessary. Likewise, this request for an EMG/NCS study of the bilateral lower extremities is not considered medically necessary.

PT X6; left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99 of 127.

Decision rationale: In accordance with MTUS guidelines, the physical medicine recommendations state, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Guidelines also state, "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." This patient has previously had physical therapy for his left shoulder, but now his physician is requesting an additional 6 sessions. The guidelines recommend fading of treatment frequency with transition to a home

exercise program, which this request for a new physical therapy plan does not demonstrate. Likewise, this request is not medically necessary.