

Case Number:	CM14-0044923		
Date Assigned:	07/02/2014	Date of Injury:	03/20/2003
Decision Date:	06/02/2015	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/11/2014

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 48 year old male, who sustained an industrial injury on 3/20/03. He reported initial complaints of upper extremity. The injured worker was diagnosed as having degenerative joint disease cervical spine; herniated disc cervical. Treatment to date has included status post left shoulder surgery (2007 and further decompression (2/2013); right shoulder surgery (2008); left shoulder arthroscopy, arthrotomy, decompression rotator cuff repair (11/29/07 and 2/19/2013); right elbow ulnar nerve transposition (7/7/2009); left elbow ulnar nerve transposition (2010 and 1/14/2014); physical therapy; urine drug screening; medications. Diagnostics included MRI right shoulder (2/1/2008 and 2/13/2009); MRI lumbar spine (6/26/06 and 6/24/14); MRI left elbow (6/7/2011); MRI cervical spine (4/5/2007); EMG/NCV bilateral upper extremities (2/15/11 and 1/9/15). Currently, the PR-2 notes dated 3/20/14 indicated the injured worker reports significant improvement of the left elbow and is a status post ulnar nerve transposition. The provider documentation shows tingling and numbness in the fingers has subsided, but there is still pain in the superior and medial aspects of the left elbow. The injured worker notes considerable cervical spine pain radiating to the left upper extremity to the shoulder down to the left arm which appears to be unrelated to the left ulnar nerve at the elbow. There is tenderness along the ulnar nerve side of the elbow. The provider is requesting: 12 Physical Therapy Sessions and 1 Magnetic Resonance Imaging (MRI) of the cervical spine without contrast. Utilization Review did modify the physical therapy to 10 sessions only.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy Sessions: Upheld

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

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

Decision rationale: The MTUS Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time (fading) should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the worker's symptoms. Of note, some of the records submitted involved other workers. The submitted and reviewed documentation indicated the worker was experiencing pain in the neck, upper back, and left shoulder and arm. There was no discussion describing the reason therapist-directed physical therapy would be expected to provide more benefit than a home exercise program or supporting the requested trials of other treatments in that setting. In the absence of such evidence, the current request for twelve physical therapy sessions is not medically necessary.

1 Magnetic Resonance Imaging (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): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-188.

Decision rationale: The ACOEM Guidelines support the use of cervical MRI imaging if a red flag is found, such as findings suggesting a fracture, symptoms of upper back complaints after a recent trauma, or symptoms suggesting an infection or tumor. MRI imaging is also supported when symptoms do not improve despite three to four weeks of conservative care with observation and there is evidence of an injury or nerve problem or when an invasive procedure is planned and clarification of the worker's upper back structure is required. The submitted and reviewed documentation indicated the worker was experiencing pain in the neck, upper back, and left shoulder and arm. There were no recorded examination findings consistent with a nerve problem. There was also no discussion detailing a nerve problem, suggesting this study was needed in preparation for surgery, or other supported issues. There also was no discussion detailing how this study would affect the worker's care. In the absence of such evidence, the current request for a MRI of the cervical spine region without contrast is not medically necessary.

