

Case Number:	CM15-0100338		
Date Assigned:	06/02/2015	Date of Injury:	08/30/2014
Decision Date:	06/30/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/26/2015

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: North Carolina
 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:

The injured worker is a 45 year old female, who sustained an industrial injury on 8/30/2014. Diagnoses include cervical sprain/strain, left trapezial strain, left shoulder strain and left shoulder impingement. Treatment to date has included physical therapy which was reported to cause headaches and spasm, making the symptoms worse. Per the Primary Treating Physician's Progress Report dated 5/06/2015, the injured worker reported constant neck pain rated as 5-6/10, radiating to the trapezius with numbness. She has left shoulder constant pain rated as 10/10 with coldness and pain radiating to the scapula and occasionally to the arm. Physical examination of the cervical spine revealed tenderness to palpation of the cervical paraspinals, left trapezial muscle and left anterior acromial margin. There was diminished range of motion with muscle guarding. The plan of care included pool based therapy. Authorization was requested for pool based therapy 2-3 x week x 4 weeks for the cervical, left shoulder, left trapezial in diamond bar area and magnetic resonance imaging (MRI) of the cervical spine left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool Based Therapy 2-3 x week x 4 weeks, Cervical, Left Shoulder, Left Trapezial in
Area: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines aqua therapy Page(s): 22.

Decision rationale: The California chronic pain medical treatment guidelines section on aquatic therapy states: Aquatic therapy: Recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. (Tomas-Carus, 2007) There is no indication in the provided documentation that this patient has a condition such as extreme obesity that would preclude the patient from land-based physical therapy. The request for physical therapy is within the recommended number of session but he need for aquatic versus land based physical therapy has not been established. For these reasons criteria have not been met for the requested service and it is not certified. Therefore, the requested treatment 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.

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

Decision rationale: The ACOEM chapter on neck and upper back complaints and special diagnostic studies states: Criteria for ordering imaging studies are:- Emergence of a red flag- Physiologic evidence of tissue insult or neurologic dysfunction- Failure to progress in a strengthening program intended to avoid surgery- Clarification of the anatomy prior to an invasive procedure. The provided progress notes fails to show any documentation of indications for imaging studies of the neck as outlined above per the ACOEM. There was no emergence of red flag. The neck pain was characterized as unchanged. The physical exam noted no evidence of new tissue insult or neurologic dysfunction. There is no planned invasive procedure. Therefore criteria have not been met for a MRI of the neck and the request is not certified. Therefore, the requested treatment is not medically necessary.

MRI Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 208.

Decision rationale: The ACOEM chapter on shoulder complaints and imaging studies states: Primary criteria for ordering imaging studies are: Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems), Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon), Failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment) The criteria as set forth above for imaging studies of the shoulder have not been met from review of the provided clinical documentation. Therefore the request is not certified. Therefore, the requested treatment is not medically necessary.