

Case Number:	CM15-0018413		
Date Assigned:	02/06/2015	Date of Injury:	05/24/2012
Decision Date:	03/30/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/30/2015

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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck, shoulder, wrist, and arm pain with derivative complaints of depression and anxiety reportedly attributed to an industrial injury of May 24, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; anxiolytic medications; earlier right shoulder arthroscopy in October 2013; opioid therapy; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated December 31, 2014, the claims administrator failed to approve a request for shoulder MRI imaging and physical therapy. The applicant's attorney subsequently appealed. In a December 13, 2014 psychiatric medical-legal evaluation, it was acknowledged that the applicant was not working. The applicant was receiving worker's compensation indemnity benefits, it was acknowledged. The applicant was using Norco, Motrin, Soma, Xanax, and Levoxyl. The applicant was given primary mental health diagnoses of major depressive disorder (MDD), generalized anxiety disorder (GAD), adjustment disorder and anxiety disorder without associated Global Assessment of Functioning (GAF) of 63. On June 6, 2014, the applicant reported ongoing complaints of neck pain, right shoulder pain, and right-sided carpal tunnel syndrome status post earlier carpal tunnel release surgery. 12 sessions of physical therapy, Motrin, Soma, Norco, and Xanax were endorsed while the applicant was placed off of work, on total temporary disability. The remainder of the file was surveyed. It appeared that the most recent clinical progress note in file was in fact dated June 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214 OCCUPATIONAL MEDICINE PRACTICE GUIDELINES.

Decision rationale: 1. No, the request for MRI imaging of the left shoulder was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 214, the routine usage of MRI imaging or arthrography of the shoulder for evaluation purposes without surgical indication is deemed "not recommended." Here, the information on file did not include either an explicit statement or an implicit expectation that the applicant would act on the results of the proposed shoulder MRI and/or consider surgical intervention based on the outcome of the same, although it is acknowledged that December 13, 2014 progress note on which the article in question was sought was seemingly not incorporated into the Independent Medical Review packet. The information which was/is on file, however, did not make a clear, cogent, or compelling case for the request in hand. Therefore, the request was not medically necessary.

Physical therapy 3x4 for the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 97.

Decision rationale: 2. Similarly, the request for 12 additional sessions of physical therapy for shoulder was likewise not medically necessary, medically appropriate, or indicated here. The 12-session course of physical therapy for the shoulder, in and of itself, represents treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and/or myositis of various body parts, the diagnosis reportedly present here. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further qualifies the MTUS position on physical therapy and other treatment modalities by noting that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was/is off of work, on total temporary disability, based on the historical progress notes on file, including the June 2014 progress note referenced above. The applicant remained dependent on opioid agents such as Norco and nonopioid agent such as Soma, it was acknowledged on a medical-legal evaluation of December 13, 2014. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of earlier unspecified amounts of

physical therapy. Therefore, the request for 12 additional sessions of physical therapy was not medically necessary.