

Case Number:	CM15-0121272		
Date Assigned:	07/02/2015	Date of Injury:	01/08/2015
Decision Date:	08/11/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/24/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 34 year old female, who sustained an industrial injury on January 8, 2015, incurring head, neck and shoulder injuries after a fall. She was diagnosed with cervical myalgia, cervical sprain, lumbar sprain and left shoulder bursitis. Cervical Magnetic Resonance Imaging revealed disc herniation. Magnetic Resonance Imaging of the head was unremarkable. Treatment included physical therapy, chiropractic sessions, pain management and activity and work restrictions. Currently, the injured worker complained of increased pain in her neck, left shoulder and left lower back. She complained of tenderness and spasms in her lower back and increased discomfort with limited range of motion. The treatment plan that was requested for authorization included Magnetic Resonance Imaging of the left shoulder and physical therapy of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of left shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter, MRI.

Decision rationale: Based on the 05/12/15 progress report provided by treating physician, the patient presents with left shoulder, neck and upper back pain. The request is for MRI of left shoulder. RFA with the request not provided. Patient's diagnosis on 04/14/15 includes left shoulder strain, cervical and lumbar spine degenerative disc disease/ strain. Physical examination to the left shoulder on 05/12/15 report revealed range of motion in forward flexion 160 degrees and abduction 90 degrees. Treatment to date has included physical therapy, chiropractic sessions, pain management and activity and work restrictions. Patient's medications include Naproxen. The patient is temporarily totally disabled, per 05/12/15 work status report. Treatment reports were provided from 01/09/15 - 05/12/15. ACOEM Guidelines has the following regarding shoulder MRI on pages 207 and 208, "routine testing (laboratory test, plain-film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first 6 weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of serious shoulder condition or referred pain. ODG-TWC, Shoulder (Acute & Chronic) Chapter, under Magnetic resonance imaging (MRI) states: "Indications for imaging -- Magnetic resonance imaging (MRI): Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs; Subacute shoulder pain, suspect instability/labral tear; Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008)" Treater has not provided medical rationale for the request. Per 05/12/15 report, treater states "needs MRI left shoulder." UR letter dated 06/02/15 states "This claimant complains of left shoulder pain despite time as well as decreased range of motion and tenderness. However, there still is no documentation of failed conservative therapy and the claimant was noted to have previously had cervical spine MRI for which formal imaging report was not provided." Medical records indicate treatment to date has included physical therapy, chiropractic sessions, activity and work restrictions, and medications. ODG allows the use of MRI imaging to perform a global examination. There is no indication the patient had prior MRI of the left shoulder. Given the patient's symptoms, decreased range of motion on physical examination and diagnosis, this request appears reasonable and in accordance with guidelines. Therefore, the request is medically necessary.

Physical therapy 3 times 5 cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: Based on the 05/12/15 progress report provided by treating physician, the patient presents with left shoulder, neck and upper back pain. The request is for Physical Therapy 3 times 5 Cervical Spine. RFA with the request not provided. Patient's diagnosis on 04/14/15 includes left shoulder strain, cervical and lumbar spine degenerative disc disease/

strain. Physical examination to the left shoulder on 05/12/15 report revealed range of motion in forward flexion 160 degrees and abduction 90 degrees. Treatment to date has included physical therapy, chiropractic sessions, pain management and activity and work restrictions. Treatment to date has included physical therapy, chiropractic sessions, activity and work restrictions, and medications. Patient's medications include Naproxen. The patient is temporarily totally disabled, per 05/12/15 work status report. Treatment reports were provided from 01/09/15 - 05/12/15. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per 05/12/15 progress report, treater states "PT 3 x weeks x 5 weeks. [The patient] has had 6 therapy sessions." Given patient's diagnosis and continued symptoms, a short course of physical therapy would be indicated by guidelines. However, patient has already attended 6 sessions and treater has not documented efficacy of prior therapy. There is no explanation of why on-going therapy is needed, or reason patient is unable to transition into a home exercise program. Furthermore, the request for additional 15 sessions would exceed what is allowed by MTUS. Therefore, the request is not medically necessary.