

Case Number:	CM15-0121552		
Date Assigned:	07/08/2015	Date of Injury:	12/16/2013
Decision Date:	08/04/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	06/23/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 68 year male who sustained an industrial injury on December 16, 2013. He has reported injury to the neck, mid back/upper back, and bilateral shoulders and has been diagnosed with cervical musculoligamentous strain sprain with radiculitis, rule out cervical spine discogenic disease, thoracic spine sprain strain, and bilateral shoulder tendinopathy, left shoulder adhesive capsulitis, and rule out bilateral shoulder rotator cuff tear. Treatment has included medications, medical imaging, acupuncture, and physical therapy. There was tenderness to palpation over the cervical paraspinal muscles with spasm and decreased range of motion. Cervical compression was positive and trigger points were present. There was tenderness to the thoracic spine with spasm and restricted range of motion. There was tenderness over the right shoulder and left shoulder. Impingement and supraspinatus tests were positive. The treatment request included physical therapy, MRI of the left shoulder, and MRI of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times four for the neck and left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Shoulder section; Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times four weeks to the neck and left shoulder is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's relevant working diagnoses are cervical musculoligamentous strain sprain with radiculitis; rule out cervical spine discogenic disease; thoracic spine sprain strain; bilateral shoulder tendinopathy; left shoulder adhesive capsulitis; and bilateral shoulder rotator cuff tear. Subjectively, the injured worker has neck pain, back pain and pain in the bilateral shoulders. Objectively, there is tenderness to palpation of the cervical spine paraspinal muscles with decreased range of motion and trigger points. The left shoulder is tender to palpation with positive impingement and supraspinatus signs. The treatment plan states the injured worker has completed 18 sessions of physical therapy and is to continue acupuncture to the cervical spine, thoracic spine and bilateral shoulders. There is no request in the treatment plan for additional physical therapy. There are no prior physical therapy treatment notes demonstrating objective functional improvement. The injured worker received 18 sessions of physical therapy and should be well-versed in the exercises to engage in a home exercise program. There are no compelling clinical facts documented in the medical record indicating additional physical therapy is warranted. Consequently, absent clinical documentation with prior physical therapy, documentation demonstrating objective functional improvement and compelling clinical facts indicating additional physical therapy is warranted, physical therapy two times per week times four weeks to the neck and left shoulder is not medically necessary.

MRI of the 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, MRI.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI of the left shoulder is not medically necessary. MRI and arthropathy have fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. The indications for magnetic resonance imaging are rated in the Official Disability Guidelines. They include, but are not limited to, acute shoulder trauma, suspect rotator cuff tear/impingement, over the age of 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. In this case, the injured worker's relevant working diagnoses are cervical musculoligamentous strain sprain

with radiculitis; rule out cervical spine discogenic disease; thoracic spine sprain strain; bilateral shoulder tendinopathy; left shoulder adhesive capsulitis; and bilateral shoulder rotator cuff tear. Subjectively, the injured worker has neck pain, back pain and pain in the bilateral shoulders. Objectively, there is tenderness to palpation of the cervical spine paraspinal muscles with decreased range of motion and trigger points. The left shoulder is tender to palpation with positive impingement and supraspinatus signs. The treatment plan states the injured worker has completed 18 sessions of physical therapy and is to continue acupuncture to the cervical spine, thoracic spine and bilateral shoulders. There is no request in the treatment plan for additional physical therapy. There are no red flags referable to the right shoulder. There is a slight decrease in range of motion. There is no discussion of surgery or anticipated surgery in the medical record. There were no plain radiographs of the shoulder in the medical record. Consequently, absent clinical documentation with red flags and diagnostic radiographs, MRI of the left shoulder is not medically necessary.

MRI of cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, MRI cervical spine.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, MRI cervical spine is not medically necessary. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness with no neurologic findings do not need imaging. Patients who do not fall into this category should have a three view cervical radiographic series followed by a computer tomography (CT). The indications for imaging are enumerated in the Official Disability Guidelines. Indications include, but are not limited to, chronic neck pain (after three months conservative treatment), radiographs normal neurologic signs or symptoms present; neck pain with radiculopathy if severe or progressive neurologic deficit; etc. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). The criteria for ordering an MRI of the cervical spine include the emergence of a red flag, physiologic evidence of tissue insult when nerve impairment, failure to progress in a strengthening program intended to avoid surgery and clarification of anatomy prior to surgery. In this case, the injured worker's relevant working diagnoses are cervical musculoligamentous strain sprain with radiculitis; rule out cervical spine discogenic disease; thoracic spine sprain strain; bilateral shoulder tendinopathy; left shoulder adhesive capsulitis; and bilateral shoulder rotator cuff tear. Subjectively, the injured worker has neck pain, back pain and pain in the bilateral shoulders. Objectively, there is tenderness to palpation of the cervical spine paraspinal muscles with decreased range of motion

and trigger points. The left shoulder is tender to palpation with positive impingement and supraspinatus signs. The treatment plan states the injured worker has completed 18 sessions of physical therapy and is to continue acupuncture to the cervical spine, thoracic spine and bilateral shoulders. There are no red flags in the medical record referencing the cervical spine. There are no unequivocal objective findings that identify specific nerve compromise on the neurologic evaluation. Consequently, absent guideline criteria, unequivocal objective findings that identify specific nerve compromise on neurologic evaluation, presence of red flags and evidence demonstrating objective functional improvement with physical therapy, MRI cervical spine is not medically necessary.