

Case Number:	CM15-0124391		
Date Assigned:	07/08/2015	Date of Injury:	12/10/2013
Decision Date:	09/22/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/29/2015

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 76 year old male with an industrial injury dated 12/10/2013. The injury is documented as occurring when he was trying to climb the pitch of the roof when he slipped and fell. He fell thru a section of fiberglass landing on a concrete floor. Initial injuries consisted of pain in his right hand, right shoulder, back, right ribs and a cut on his head. His diagnoses included cervical sprain/strain, status post right shoulder surgery, right wrist sprain/strain and lumbar sprain and strain. Prior treatment included physical therapy, diagnostics, injections, surgery on right shoulder, and injection in shoulder. He has not worked since the date of his injury. He reports constant pain in his neck, low back, right hand and wrist. He also complains of shoulder pain, blurred vision and short term memory loss. He reports difficulty performing activities of daily living due to his injury. He presents on 05/22/2015 with complaints of stiffness to his lumbar spine, neck, right shoulder and right wrist. Physical exam noted tenderness, spasms and decreased range of motion of lumbar spine and cervical spine. There was also decreased range of motion of the right shoulder with tenderness and decreased range of motion of the right wrist. The treatment plan included diagnostics and physical therapy. The treatment request is for MRI of the cervical, MRI of the lumbar, MRI of the right wrist, MRI of the shoulders and physical therapy for the cervical, right wrist 2 times 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the cervical, right wrist 2 x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 88, 89.

Decision rationale: This patient presents with constant pain in his neck, shoulders, low back, right hand and wrist. The current request is for Physical Therapy for the cervical, right wrist 2 x 6. Prior treatment included physical therapy, diagnostics, injections, surgery on right shoulder 05/16/14, and injection in shoulder. He has not worked since the date of his injury. The 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." The patient has participated in 12 PT sessions between 07/15/14 through 08/21/14. The patient underwent right shoulder surgery on 05/16/14 and it appears that these PT sessions were for post-operative rehabilitation. Per report 05/22/15, patient has tenderness in the neck and wrist with decreased ROM and the treater has requested PT for the cervical spine and wrist. It is unclear if the patient previously participated in PT for the c-spine and wrist. In any case, the requested 12 sessions exceeds what is recommended by MTUS. This request is not medically necessary.

MRI of the cervical: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter, MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (acute and chronic) Chapter, under Magnetic Resonance Imaging.

Decision rationale: This patient presents with constant pain in his neck, shoulders, low back, right hand and wrist. The current request is for MRI of the cervical. Prior treatment included physical therapy, diagnostics, injections, surgery on right shoulder 05/16/14, and injection in shoulder. He has not worked since the date of his injury. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, Neck and Upper Back, pages 177-178 under "Special Studies and Diagnostic and Treatment Considerations" states: Neck and upper back complaints, under special studies and diagnostic and treatment considerations: Physiologic evidence of tissue insult or neurologic dysfunction. It defines physiologic evidence as a form of "definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans". ACOEM further states that "unequivocal findings that identify specific nerve compromise on the

neurologic examination are sufficient imaging to warrant imaging studies if symptoms persist". ODG Guidelines, Neck and Upper Back (acute and chronic) Chapter, under Magnetic Resonance Imaging states: Not recommended except for indications listed below. Indications for imaging MRI: Chronic neck pain (equals after 3 months of conservative treatment), radiographs are normal, neurologic signs or symptoms present. Neck pain with radiculopathy of severe or progressive neurologic deficit. Per report 05/22/15, the patient presents with on-going pain and stiffness in the lower back, neck, right shoulder and right wrist. Examination revealed "tenderness, spasm, decreased ROM L-spine, c-spine, (illegible), decrease ROM right shoulder, tenderness, decrease ROM right wrist". This progress report is handwritten and provides scarce information. Under the treatment plan, request was made for MRI of the cervical spine, lumbar, bilateral shoulder, and right wrist. In this case, there is no evidence of any progressive neurologic deficit to warrant an MRI. ODG Guidelines do not support MRI unless there are neurologic signs/symptoms. The patient does not present with any red flags such as myelopathy or bowel/bladder symptoms. Therefore, the requested MRI of the cervical spine is not medically necessary.

MRI of the lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, under MRI's.

Decision rationale: This patient presents with constant pain in his neck, shoulders, low back, right hand and wrist. The current request is for MRI of the lumbar. Prior treatment included physical therapy, diagnostics, injections, surgery on right shoulder 05/16/14, and injection in shoulder. He has not worked since the date of his injury. ACOEM Guidelines, chapter 8, page 177 and 178, state "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option". ODG guidelines, Low back chapter, MRI's (magnetic resonance imaging) (L-spine) state that "for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment." ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms present. Per report 05/22/15, the patient presents with on-going pain and stiffness in the lower back, neck, right shoulder and right wrist. Examination revealed "tenderness, spasm, decreased ROM L-spine, c-spine, (illegible), decrease ROM right shoulder, tenderness, decrease ROM right wrist". This progress report is handwritten and provides scarce information. Under the treatment plan, request was made for MRI of the cervical spine, lumbar, bilateral shoulder, and right wrist. The patient has had an X-ray of the lumbar spine which showed mild to moderate degenerative changes, especially L5-S1 vertebra, disc spaces, and facet joints. There is no indication of prior MRI of the lumbar spine. The associated physical examination findings do not support the need for an MRI. There is no documentation of radicular pain, and no evidence of neurological compromise. The request is not medically necessary.

MRI of the shoulders: Upheld

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

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 (Acute & Chronic) Chapter, under Magnetic resonance imaging (MRI).

Decision rationale: This patient presents with constant pain in his neck, shoulders, low back, right hand and wrist. The current request is for MRI of the shoulders. Prior treatment included physical therapy, diagnostics, injections, surgery on right shoulder 05/16/14, and injection in shoulder. He has not worked since the date of his injury. 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) Per report 05/22/15, the patient presents with on-going pain and stiffness in the lower back, neck, right shoulder and right wrist. Examination revealed "tenderness, spasm, decreased ROM L-spine, c-spine, (illegible), decrease ROM right shoulder, tenderness, decrease ROM right wrist". This progress report is handwritten and provides scarce information. Under the treatment plan, request was made for MRI of the cervical spine, lumbar, bilateral shoulder, and right wrist. The patient has had an MRI of the right shoulder on 02/27/14 which showed a full thickness supraspinatus tendon tear. The patient underwent right shoulder surgery on 05/16/14. There is no indication that the patient had any imaging done following the surgery. In this case, there are no significant changes in symptoms and/or findings suggestive of significant pathology to require an MRI of the shoulder. This request is not medically necessary.

MRI of the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Hand, and Wrist Chapter, MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand (Acute & Chronic) Chapter under 'Radiography'.

Decision rationale: This patient presents with constant pain in his neck, shoulders, low back, right hand and wrist. The current request is for MRI of the right wrist. Prior treatment included physical therapy, diagnostics, injections, surgery on right shoulder 05/16/14, and injection in shoulder. He has not worked since the date of his injury. The ACOEM Guidelines Chapter 11 on Forearm, Wrist and Hand Complaints page 268 on x-rays of the wrist and hand states, "For most patients presenting with true hand and wrist problems, special studies are not needed until after 4 to 6 weeks period of conservative care and observation. Most patients improved quickly provided red flag conditions are ruled out". Regarding wrist/hand X-ray, ACOEM guidelines state indications for x-ray are as follow: 1. tenderness of the snuff box -radial-dorsal wrist, 2. An acute injury to the metacarpophalangeal joint of the thumb, 3. peripheral nerve impingement, and 4. Recurrence of a symptomatic ganglion that has been previously aspirated or a trigger finger that has been previously treated with local injections. ODG guidelines, chapter 'Forearm, Wrist & Hand (Acute & Chronic)' and topic 'Radiography', recommend x-rays to "For most patients with known or suspected trauma of the hand, wrist, or both, the conventional radiographic survey provides adequate diagnostic information and guidance to the surgeon". Per report 05/22/15, the patient presents with on-going pain and stiffness in the lower back, neck, right shoulder and right wrist. Examination revealed "tenderness, spasm, decreased ROM L-spine, c-spine, (illegible), decrease ROM right shoulder, tenderness, decrease ROM right wrist." This progress report is handwritten and provides scarce information. Under the treatment plan, request was made for MRI of the cervical spine, lumbar, bilateral shoulder, and right wrist. The patient underwent an MRI of the right wrist on 03/25/14 which revealed a tear of the fibrocartilaginous complex. In this case, physical examination does not indicate any new red flag conditions, and the treater has not discussed new trauma or injury that would warrant a repeat MRI at this juncture. This request is not medically necessary.