

Case Number:	CM15-0125313		
Date Assigned:	07/09/2015	Date of Injury:	04/16/2013
Decision Date:	08/05/2015	UR Denial Date:	06/17/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 was a 38 year old female, who sustained an industrial injury, October 11, 2014. The injured worker previously received the following treatments 16 sessions of physical therapy for the cervical spine. The injured worker was diagnosed with cervical strain/sprain, headache, and face and head pain, contusion with loss of consciousness, stiffness, myalgia and myositis. According to physical therapy progress note of June 3, 2015, the injured worker's chief complaint was cervical neck pain. The injured worker rated the pain at 7 out of 10 which was unchanged from the first physical therapy visit of February 19, 2015. The injured worker was working full time with light duty. According to the objective examination of the shoulders, the injured worker was able to extend the left arm 38 degrees and right was 53 degrees, flexion of the left was 120 degrees and right was 138 degrees, abduction was 113 degrees on the left and 138 on the right. The progress noted of June 3, 2015, showed an extension of the left at 16 degrees and right 61 degrees, flexion of 135 degrees on the left and 132 degrees on the right with abduction of 118 degrees on the left and 122 degrees on the right. The cervical spine on February 23, 2015 noted hypomobility and painful to the right and left and the progress report of June 3, 2015 was the same. The treatment plan included additional physical therapy for the cervical spine and right shoulder MRI without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 2 times a week for 5 weeks for the cervical spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Neck and Upper Back (Acute & Chronic), physical therapy (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in October 2014 and continues to be treated for neck pain. When seen, she was having right-sided neck pain and headaches. There was right-sided cervical spine tenderness and decreased left-sided range of motion. There was tenderness over the right dorsal forearm. A physical therapy reevaluation on May 11, 2015 was reviewed. The claimant had received 13 treatments with a diagnosis of a cervical sprain. There was decreased right shoulder range of motion. Guidelines recommend up to 10 visits over 8 weeks for the treatment of a cervical sprain. In this case, the claimant has already had in excess of the guideline recommendation. The number of additional treatments being requested is well in excess of that recommended or what might be needed to reestablish or revise a home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.

MRI of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (shoulder chapter) MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Magnetic resonance imaging (MRI).

Decision rationale: The claimant sustained a work injury in October 2014 and continues to be treated for neck pain. When seen, she was having right-sided neck pain and headaches. There was right-sided cervical spine tenderness and decreased left-sided range of motion. There was tenderness over the right dorsal forearm. A physical therapy reevaluation on May 11, 2015 was reviewed. The claimant had received 13 treatments with a diagnosis of a cervical sprain. There was decreased right shoulder range of motion. Indications for obtaining an MRI of the shoulder include the presence of red flags such as suspicion of cancer or infection or, with subacute shoulder pain, when instability or a labral tear is suspected. In this case, there are no identified red flags and no reported complaints or physical examination findings that suggest instability or labral pathology with the only reported findings being decreased range of motion. The requested right shoulder MRI is not medically necessary.