

Case Number:	CM15-0126816		
Date Assigned:	07/13/2015	Date of Injury:	01/08/2015
Decision Date:	08/13/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/30/2015

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, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 56 year old female sustained an industrial injury to the head, neck and right shoulder on 1/8/15. Previous treatment included magnetic resonance imaging, computed tomography, physical therapy and medications. Documentation did not disclose the amount of previous therapy. Computed tomography of the brain (3/17/15) was negative. Magnetic resonance imaging cervical spine (4/12/15) showed central spine stenosis at C4-5 with foraminal narrowing, central canal stenosis at C5-6 with bilateral foraminal narrowing and mild to moderate diffuse degenerative spondyloarthropathy. In a PR-2 dated 5/27/15, the injured worker reported good improvement in neck pain. The injured worker complained of slight radiating tingling down the right shoulder. The injured worker reported that her pain was mainly in the right superior shoulder and increased with maintaining prolonged posture in the arm such as driving and lifting from the side. The pain improved with Ibuprofen. Physical exam was remarkable for mild tenderness to palpation to the entire cervical spine and cervical spine paraspinal musculature with full neck range of motion and mild tenderness to palpation to the right supraspinatus muscle and anterior right shoulder with decreased range of motion with right shoulder abduction, positive drop arm test and negative Neer's test. Current diagnoses included neck sprain/strain, cervicgia and pain in thoracic spine. The treatment plan included requesting authorization for physical therapy for the right shoulder and magnetic resonance imaging right shoulder and continuing home exercise and Ibuprofen. The patient sustained the injury due to fall from chair. The patient has had X-ray of the cervical spine that revealed spondylosis. The detailed X-ray report was not specified in the records specified. Patient has received an unspecified number of PT visits for this injury. The medication list includes Ibuprofen. Any surgical or procedure note related to this injury was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the shoulder, 2 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines physical medicine.

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

Decision rationale: The guidelines cited below state, "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." Patient has received an unspecified number of PT visits for this injury. Previous conservative therapy notes were not specified in the records provided. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. The records submitted contain no accompanying current PT evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Previous PT visits notes were not specified in the records provided. There was no objective documented evidence of any significant functional deficits that could be benefitted with additional PT. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The request for Physical therapy for the shoulder, 2 x 4 is not medically necessary or fully established for this patient.

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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 & Upper Back (updated 06/25/15) Magnetic resonance imaging (MRI).

Decision rationale: Per the ACOEM chapter 8 guidelines cited below "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out". Per the ACOEM chapter 8 guidelines cited below recommend "MRI or CT to evaluate red-flag diagnoses as above, MRI or CT to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. If no improvement after 1 month bone scans if tumor or infection possible, not recommended: Imaging before 4 to 6 weeks in absence of red flags". Per ODG low back guidelines cited below, "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)". Magnetic resonance imaging cervical spine (4/12/15) showed central spine stenosis at C4-5 with foraminal narrowing, central canal stenosis at C5-6 with bilateral foraminal narrowing and mild to moderate diffuse degenerative spondyloarthropathy. Any

significant changes in objective physical examination findings since the last study, which would require a repeat study, were not specified in the records provided. Patient does not have evidence of severe, progressive neurological deficits that is specified in the records provided. The findings suggestive of tumor, infection, fracture, or other red flags were not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. Previous PT notes were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. A plan for an invasive procedure of the cervical spine was not specified in the records provided. The request for MRI of the cervical spine is not medically necessary or fully established for this patient.