

Case Number:	CM15-0173471		
Date Assigned:	09/15/2015	Date of Injury:	04/10/2015
Decision Date:	10/21/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	09/02/2015

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: 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 48 year old male sustained an industrial injury on 4-10-15. Documentation indicated that the injured worker was receiving treatment for cervical spine and right shoulder pain. Documentation did not disclose previous treatment. X-rays of the cervical spine showed disc space narrowing at C5-6. X-rays of the right shoulder were unremarkable. In an initial orthopedic evaluation dated 7-20-15, the injured worker complained of cervical spine pain with radiation down the right upper extremity as well as right shoulder pain. Physical exam was remarkable for cervical spine with tenderness to palpation to the posterior neck with spasms and range of motion: flexion 40 degrees, extension and bilateral lateral bend 20 degrees and bilateral rotation 60 degrees and right shoulder with tenderness to palpation and weakness about the rotator cuff, pain upon abduction, positive Neer's sign and positive Hawkin's test. Right shoulder range of motion was within normal limits. The injured worker had 5 out of 5 bilateral upper extremity strength with the exception of 4 out of right elbow extension in the C7 distribution, intact deep tendon reflexes and normal sensation throughout. The treatment plan included requesting authorization for magnetic resonance imaging cervical spine and right shoulder, physical therapy three times a week for four weeks for the cervical spine and right shoulder and medications (Celebrex, Flexeril and Norco.) Per the physicians report, the injured worker has not undergone physical therapy treatments. On 8-6-15, Utilization Review noncertified a request for magnetic resonance imaging cervical spine and right shoulder and physical therapy for the cervical spine and right shoulder, 3 x 4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: According to ACOEM guidelines, criteria for ordering special studies include: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. In this case, the medical records do not establish evidence of red flags or neurological deficits on clinical examination to support the request for advanced imaging studies. In addition, a course of physical therapy treatments is being approved and in the absence of failure of conservative care, magnetic resonance imaging would not be supported. The request for Magnetic resonance imaging (MRI) of the cervical spine is not medically necessary and appropriate.

Physical therapy 3 times a week for 4 weeks for the cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: According to the MTUS guidelines, passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The MTUS guidelines also state that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The medical records do not establish that the injured worker has undergone a course of conservative care for the cervical spine. The request for Physical therapy 3 times a week for 4 weeks for the cervical spine is medically necessary and appropriate.

Physical therapy 3 times a week for 4 weeks for the right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: According to the MTUS guidelines, passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The medical records do not establish that the injured worker has undergone physical therapy treatments for the right shoulder. The request for Physical therapy 3 times a week for 4 weeks for the right shoulder is medically necessary and appropriate.