

<b>Case Number:</b>	CM15-0026828		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	07/01/2013
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 39-year-old [REDACTED] employee who has filed a claim for chronic neck, shoulder, and low back pain reportedly associated with an industrial injury of July 1, 2013. In a Utilization Review Report dated February 11, 2015, the claims administrator failed to approve a request for cervical MRI imaging and physical therapy for the left shoulder. The claims administrator suggested that the applicant had undergone earlier left shoulder surgery on October 21, 2014. An RFA form of February 5, 2015 and an associated progress note of January 21, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On December 20, 2014, the applicant's pain management physician renewed Duragesic and oxycodone. The applicant was apparently pending lumbar spine surgery. Ancillary complaints of neck and shoulder pain were evident. The applicant was status post receipt of earlier acupuncture. On December 10, 2014, the applicant's primary treating provider stated that he was seeking authorization for cervical MRI imaging on the grounds that the applicant had not received previous cervical MRI imaging. The applicant's primary pain generator, however, was the low back. The applicant was asked to continue physical therapy for the shoulder in the interim.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Cervical Spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**Decision rationale:** No, the request for cervical MRI imaging was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does recommend MRI or CT imaging of the cervical spine, to help validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, in this case, however, the attending provider's December 10, 2014 progress note suggested that he was seemingly intent on ordering cervical MRI imaging for academic or evaluation purposes, with no clearly formed intention of acting on the results of the same. The attending provider further acknowledged that the applicant's primary pain generators were, in fact, the low back and shoulder. The applicant's cervical spine, by all accounts, appears to have been an ancillary pain generator. There was no mention of the applicant's willingness to undergo any kind of surgical intervention based on the outcome of the study. Therefore, the request was not medically necessary.

**Physical therapy left shoulder x 12 visits: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** Similarly, the request for 12 sessions of physical therapy for the shoulder was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Postsurgical Treatment Guidelines do support a general course of 24 sessions of postoperative physical therapy following shoulder surgery for rotator cuff syndrome/impingement syndrome, this recommendation is, however, qualified by commentary in MTUS 9792.24.3.c.4.b to the effect that postsurgical treatment shall be discontinued at any time during the postsurgical physical medicine treatment period in applicants who fail to demonstrate functional improvement. Here, the applicant was off of work, on total temporary disability, as of December 29, 2014. The applicant was dependent on both Duragesic and oxycodone. The attending provider had not, in short, identified any tangible or material gains affected as a result of previous postoperative physical therapy. The applicant's failure to return to work and continued dependence on opioid agents, furthermore, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of earlier unspecified amounts of physical therapy. Therefore, the request for 12 additional sessions of physical therapy for the shoulder was not medically necessary.

