

<b>Case Number:</b>	CM15-0027689		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	08/21/2014
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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, 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 is a 37 year old female who sustained an industrial injury on 08/21/14. She reports thoracic back, shoulder, and neck pain. Treatments to date include medication, physical therapy, and conservative treatments. Diagnoses include thoracic back, shoulder and neck sprain, and partial thickness rotator cuff tear. In a progress note dated 01/02/15 the treating provider recommends a MRI of the cervical spine and additional physical therapy for the right shoulder. On 01/13/15 Utilization Review non-certified the MRI and physical therapy, citing MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the Cervical Spine without Contrast, as an Outpatient:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 176-177.

**Decision rationale:** Regarding the request for cervical MRI, CA MTUS and ACOEM support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Guidelines also recommend MRI after 3 months of conservative treatment. Within the documentation available for review, there is no indication of any red flag diagnoses, objective findings suggestive of any specific neurologic deficit, or another clear rationale for an MRI. In the absence of such documentation, the requested cervical MRI is not medically necessary.

**6 Additional Outpatient Physical Therapy for The Right Shoulder, 3 Times A Week for 2 Weeks:** Upheld

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

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

**Decision rationale:** Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend up to 10 sessions with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. In light of the above issues, the currently requested physical therapy is not medically necessary.