MAXIMUS Federal Services

Case Number:	CM15-0063051		
Date Assigned:	04/08/2015	Date of Injury:	08/14/2008
Decision Date:	05/14/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/02/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, 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 53-year-old female who sustained an industrial injury on 08/14/2008. Diagnoses include cervical radiculopathy C5-C6, positive Electromyography (EMG) secondary to herniated cervical disc C5-C6 and positive Magnetic Resonance Imaging, status post left shoulder scope x 2, rule out recurrent rotator cuff tear, impingement syndrome, status post right hand carpal tunnel release, status post open reduction and internal fixation trans-scaphoid perilunate fracture/dislocation, left wrist with concurrent carpal tunnel release, and symptoms of anxiety and depression. Treatment to date has included surgeries, diagnostic studies, and medications. A physician progress note dated 03/02/2015 documents the injured worker has complaints of left shoulder pain, right elbow pain, right wrist and hand pain, neck pain as well as upper back pain. She rates the left shoulder pain at 7 out of 10 on a Visual Analog Scale. Cervical spine flexion is 10 degrees, extension is 50 degrees, rotation is 60 degrees to the right and left and bending is 30 degrees bilaterally. There is positive foraminal compression test and positive Spurling's test. She has tenderness and spasms over the paraspinal musculature. Her medications will be refilled. Treatment requested is for MRI arthrogram of the left shoulder, Magnetic Resonance Imaging of the cervical spine, and physical therapy treatment 2 x a wk for the next 6 weeks, cervical, left shoulder.

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: Decision based on MTUS Chronic Pain Treatment Guidelines California Code of Regulations, Title 8, Effective July 18, 2009.

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

Decision rationale: ACOEM guidelines support ordering of imaging studies for emergence of red flags, 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. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The documentation submitted for review did not contain evidence of any red flag neurologic findings on physical examination. Medical necessity cannot be affirmed.

MRI arthrogram of the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -shoulder (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

Decision rationale: With regard to arthrography, ACOEM states "When surgery is being considered for a specific anatomic defect (e.g., a full-thickness rotator cuff tear). Magnetic resonance imaging and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy although MRI is more sensitive and less specific. Magnetic resonance imaging may be the preferred investigation because it demonstrates soft tissue anatomy better." (Banchard, 1999) Subtle tears that are full thickness are best imaged by arthrography, whereas larger tears and partial-thickness tears are best defined by MRI. Conventional arthrography can diagnose most rotator cuff tears accurately; however, in many institutions MR arthrography is usually necessary to diagnose labral tears. (Oh, 1999) (Magee, 2004). The documentation submitted for review did not indicate a need to rule out a labral tear. The request is not medically necessary.

Physical therapy treatment 2x a Wk for the next 6 weeks, cervical, left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -Neck and Upper Back (Acute & Chronic), Official Disability Guidelines -shoulder (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation ODG, Shoulder, Physical Therapy.

Decision rationale: Per MTUS CPMTG, physical medicine guidelines 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. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks.
Neuralgia, neuritis, and radiculitis, unspecified (ICD 729.2): 8-10 visits over 4 weeks. The ODG Preface specifies Physical Therapy Guidelines, "There are a number of overall physical therapy philosophies that may not be specifically mentioned within each guideline: (1) As time goes by, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency; (2) The exclusive use of "passive care" (e.g., palliative modalities) is not recommended; (3) Home programs should be initiated with the first therapy session and must include ongoing assessments of compliance as well as upgrades to the program; (4) Use of self-directed home therapy will facilitate the fading of treatment frequency, from several visits per week at the initiation of therapy to much less towards the end; (5) Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." Per the ODG guidelines: Rotator cuff syndrome / Impingement syndrome (ICD9 726.1; 726.12): Medical treatment: 10 visits over 8 weeks. Post-injection treatment: 1-2 visits over 1 week. Post-surgical treatment, arthroscopic: 24 visits over 14 weeks. Post-surgical treatment, open: 30 visits over 18 weeks. Complete rupture of rotator cuff (ICD9 727.61; 727.6) Post-surgical treatment: 40 visits over 16 weeks. Adhesive capsulitis (IC9 726.0): Medical treatment: 16 visits over 8 weeks. Post-surgical treatment: 24 visits over 14 weeks. Dislocation of shoulder (ICD9 831): Medical treatment: 12 visits over 12 weeks. Post-surgical treatment (Bankart): 24 visits over 14 weeks. Acromioclavicular joint dislocation (ICD9 831.04): AC separation, type III+: 8 visits over 8 weeks. Sprained shoulder; rotator cuff (ICD9 840; 840.4): Medical treatment: 10 visits over 8 weeks. Medical treatment, partial tear: 20 visits over 10 weeks. Post-surgical treatment (RC repair/acromioplasty): 24 visits over 14 weeks. Superior glenoid labrum lesion (ICD9 840.7). Medical treatment: 10 visits over 8 weeks. Post-surgical treatment (labral repair/SLAP lesion): 24 visits over 14 weeks. Arthritis (Osteoarthrosis; Rheumatoid arthritis; Arthropathy, unspecified) (ICD9 714.0; 715; 715.9; 716.9) Medical treatment: 9 visits over 8 weeks. Post-injection treatment: 1-2 visits over 1 week. Post-surgical treatment, arthroplasty, shoulder: 24 visits over 10 weeks. Brachial plexus lesions (Thoracic outlet syndrome) (ICD9 353.0): Medical treatment: 14 visits over 6 weeks. Post-surgical treatment: 20 visits over 10 weeks. Fracture of clavicle (ICD9 810): 8 visits over 10 weeks. Fracture of scapula (ICD9 811): 8 visits over 10 weeks. Fracture of humerus (ICD9 812): Medical treatment: 18 visits over 12 weeks. Post-surgical treatment: 24 visits over 14 weeks. The documentation submitted for review indicates that the injured worker has already been treated with physical therapy. There was no documentation of the functional deficits to be addressed and the goals to be targeted with formal physical therapy. It is unclear why a self-directed home exercise program would be insufficient. The request is not medically necessary.