

Case Number:	CM15-0076153		
Date Assigned:	04/27/2015	Date of Injury:	04/17/2014
Decision Date:	06/30/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/21/2015

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 61-year-old female, who sustained an industrial injury on 4/17/14. Initial complaints are not noted. The injured worker was diagnosed as having cervical spine disc bulge; right shoulder internal derangement; left shoulder internal derangement. Treatment to date has included urine drug screening; chiropractic therapy; physical therapy; medications. Diagnostic studies included MRI cervical spine and right and left shoulder (8/20/14); EMG/NCV bilateral upper extremities (8/19/14). Currently, the PR-2 notes 2/25/15 are hand written and indicate the injured worker experienced numbness in both legs that lasted about five minutes on 2/12/15. She reports it felt as though she could not move, however, dissipated after going to the bathroom and the numbness has not returned since that time. The left foot tingling sensation began the week of 2/12/15 while seated. Her right hand got hard and then she began to feel the sensation on her foot lasting about 20 minutes and has not returned since. She also notes bilateral breast pain that was short lived (3 minutes) and felt the sensation of sharp pain radiated to her back. The pain was gone after she changed bras. Examination notes light touch sensation to right lateral shoulder, right dorsal thumb web, right long fingertip and right small tip are all intact. The provider is requesting: 12 Physical therapy sessions to cervical spine and bilateral shoulders, 12 Acupuncture sessions to cervical spine and bilateral shoulders, 1 Single positional MRI of cervical spine and 1 Single positional MRI of bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical therapy sessions to cervical spine and bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Shoulder (Acute and Chronic), Preface.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Shoulder Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. 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. As such, the currently requested additional physical therapy is not medically necessary.

12 Acupuncture sessions to cervical spine and bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Acupuncture Medical Treatment Guidelines.

Decision rationale: Regarding the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, it appears that the patient has had prior acupuncture sessions; however, there were no documentation of symptomatic or functional improvement from these prior sessions. As such, the currently requested additional acupuncture is not medically necessary.

1 Single positional MRI of cervical spine: Upheld

Claims Administrator 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 and Upper Back (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 176-177. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, MRI Topic.

Decision rationale: Regarding the request for repeat/additional cervical MRI imaging, guidelines 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, the patient had a MRI of the cervical spine on August 20, 2014 indicating disc bulge and foraminal stenosis on multiple levels. Recent progress notes do not indicate any red flag diagnoses. Furthermore, there is no documentation of new neurologic deficits to warrant the need for additional / repeat MRI imaging. In the absence of such documentation, the requested cervical MRI is not medically necessary.

1 Single positional MRI of bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Magnetic resonance imaging (MRI).

Decision rationale: Regarding the request for MRI of the right shoulder, Occupational Medicine Practice Guidelines state that more specialized imaging studies are not recommended during the 4 to 6 weeks of activity limitation due to shoulder symptoms except when a red flag is noted on history or examination. Cases of impingement syndrome are managed the same whether or not radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or AC joint. Guidelines further specify imaging studies for physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. ODG recommends MRI of the shoulder for subacute shoulder pain with suspicion of instability/labral tear or following acute shoulder trauma with suspicion of rotator cuff tear/impingement with normal plain film radiographs. Within the documentation available for review, there is a MRI of the shoulder on August 20, 2014 indicating moderate osteoarthritic changes of the acromioclavicular joint, supraspinatus tendonopathy, full thickness partial with tear of the anterior leading edge of the supraspinatus tendon, and possible slap tear of the glenoid labrum. The provider has ordered additional shoulder imaging on March 26, 2015; however, there is no documentation of a significant change in pathology and symptoms since the time of the prior MRI. As such, a MRI of the shoulders is not medically necessary at this time.