

Case Number:	CM15-0077551		
Date Assigned:	04/29/2015	Date of Injury:	07/21/2008
Decision Date:	05/28/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/23/2015

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 47-year-old who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of July 21, 2008. In a Utilization Review report dated April 8, 2015, the claims administrator failed to approve requests for aquatic therapy and shoulder MRI imaging. The claims administrator referenced a RFA form of April 3, 2015 and an associated progress note of March 24, 2015 in its determination. The applicant's attorney subsequently appealed. In a RFA form dated March 26, 2015, MRI imaging of the left shoulder, a custom knee brace, and 12 sessions of aquatic therapy were proposed. In a handwritten progress note dated April 20, 2015, difficult to follow, not entirely legible, the applicant reported ongoing complaints of knee and thigh pain. The applicant was four months removed from a knee arthroscopy. The applicant was diabetic, it was acknowledged. MRI imaging of the hip and thigh were proposed. The applicant was asked to obtain a custom ACL brace. The applicant was placed off of work, on total temporary disability. The applicant was asked to follow up with an internist for diabetes management. In a handwritten note dated March 24, 2015, the applicant reported ongoing complaints of shoulder pain associated with a recent contusion injury. Limited shoulder range of motion was noted. Shoulder MRI imaging was sought, it was stated in one section of the note. In another section of the note, the attending provider suggested that the applicant go to the emergency department to obtain an x-ray to rule out fracture dislocation. The applicant was, once again, placed off of work, on total temporary disability. A custom knee brace was proposed, along with aquatic therapy for the knee. The note, as with several other notes, was handwritten, not altogether legible, and difficult to follow.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left shoulder: 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, Shoulder, Indications for imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209.

Decision rationale: No, the proposed shoulder MRI was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 9, Table 9-5, page 209 does score shoulder MRI imaging a 4/4 in its ability to define and suspected rotator cuff tears, ACOEM qualifies its recommendation by noting in Chapter 9, page 208 that imaging studies should be considered if an applicant whose limitations due to consistent symptoms have persisted for one month or more, particularly in those individuals who are contemplating surgery for a specific anatomic defect. Here, however, the handwritten note of March 24, 2015, in addition to being difficult to follow, seemingly suggested that MRI imaging have been ordered a few days after the applicant had sustained an acute contusion injury involving the shoulder. There was no mention of the applicant's having residual shoulder pain complaints on a subsequent office visit of April 20, 2015. Thus, it appears that the applicant's shoulder contusion resolved on its own accord. It did not appear that the applicant had had persistent symptoms for the requisite amount of time nor did it appear that the applicant was actively considering or contemplating any kind of surgical remedy involving the shoulder here. Therefore, the request was not medically necessary.

12 aquatic therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical medicine, Exercise.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

Decision rationale: Similarly, the request for 12 sessions of aquatic therapy was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weight bearing is desirable, in this case, however, the handwritten progress note of March 24, 2015 did not clearly describe or characterize the applicant's gait. It was not clearly established why reduced weight bearing was or was not desirable. Similarly, a later note of April 20, 2015 likewise did not prescribe or characterize the applicant's gait. There was no mention of the

applicant having a condition for which reduced weight bearing was desirable on either date. Therefore, the request was not medically necessary.