

Case Number:	CM15-0090745		
Date Assigned:	05/15/2015	Date of Injury:	03/27/2012
Decision Date:	06/17/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/11/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 32 year old male who sustained an industrial injury on 03/27/2012 as a result of a fall from a two foot step stool onto his right shoulder. The injured worker was diagnosed with right lumbosacral strain, right lumbosacral radiculopathy, myofascial pain syndrome, right shoulder strain and right rotator cuff tendinitis. Treatment to date includes diagnostic testing with lumbar and right shoulder magnetic resonance imaging (MRI) on August, 15, 2013, Electromyography (EMG)/Nerve Conduction Velocity (NCV) studies, conservative measures, acupuncture therapy and Motrin. According to the primary treating physician's progress report on October 17, 2013, the injured worker continues to experience right shoulder and low back pain. Examination of the lumbar spine demonstrated a 10% decrease of normal in range of motion, tenderness in the right iliolumbar ligament, decreased in light touch in the dorsal aspect of the right foot with normal reflexes and motor strength. A positive right straight leg raise at 40 degrees was noted. The examination of the right shoulder demonstrated tenderness in the right deltoid insertion point with range of motion also decreased by 10% of normal. Positive impingement signs of the right shoulder were noted with sensory, motor and reflexes within normal limits. Trigger point injections and epidural steroid injections were declined by the injured worker. Current medication is Motrin. Treatment plan consists of awaiting chiropractic therapy and physical therapy approval; continue with medication and the current request for physical therapy, 3 times a week for 4 weeks, 12 sessions for the cervical spine & right shoulder, cervical spine magnetic resonance imaging (MRI) and cervical spine X-rays.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 3 times per wk for 4 wks, 12 sessions for Cervical spine & Right Shoulder: Upheld

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

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

Decision rationale: This 32 year old male has complained of right shoulder and back pain since date of injury 3/27/12. He has been treated with chiropractic therapy, acupuncture, physical therapy and medications. The current request is for Physical Therapy, 3 times per wk for 4 wks, 12 sessions for Cervical spine & Right Shoulder. Per the MTUS guidelines cited above in the section Physical Medicine/ therapy, patients should be instructed and expected to continue active therapy at home as an extension of the initial treatment process in order to maintain improvements gained in physical therapy. The MTUS recommendations for PT state for the passive (out of home) PT process, 8-10 visits over the course of 4 weeks are indicated for a diagnosis of neuralgia, neuritis and/or radiculitis, as in this case. The current request exceeds this number of visits. The medical necessity/ provider rationale for continued passive physical therapy beyond the recommended number of sessions is not documented in the provider notes. On the basis of the available medical records and per the MTUS guidelines cited above, Physical Therapy, 3 times per wk for 4 wks, 12 sessions for cervical spine & Right Shoulder is not medically necessary.

MRI (magnetic resonance imaging) Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-194.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: This 32 year old male has complained of right shoulder and back pain since date of injury 3/27/12. He has been treated with chiropractic therapy, acupuncture, physical therapy and medications. The current request is for MRI (magnetic resonance imaging) cervical spine. There is no documentation of red flag symptoms or evidence of objective findings of neurologic compromise that would indicate the necessity of an MRI of the cervical spine. On the basis of the available medical records and per the ACOEM guidelines cited above, MRI of the cervical spine is not medically necessary.

X-rays, Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-194.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: This 32 year old male has complained of right shoulder and back pain since date of injury 3/27/12. He has been treated with chiropractic therapy, acupuncture, physical therapy and medications. The current request is for X - rays, cervical spine. The available medical records do not contain adequate documentation of symptoms or physical examination findings that would indicate the necessity of obtaining plain films of the cervical spine. On the basis of the available medical records and per the ACOEM guidelines cited above, plain films of the cervical spine are not medically necessary.