

Case Number:	CM14-0113018		
Date Assigned:	08/01/2014	Date of Injury:	11/09/2013
Decision Date:	10/28/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/21/2014

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 50-year-old female who reported an injury on 11/09/2013. The mechanism of injury was not provided. The injured worker's diagnoses included right rotator cuff syndrome, De Quervain's tenosynovitis, and right carpal tunnel syndrome. The injured worker's past treatments included physical therapy and medications. There were no relevant surgeries documented. The injured worker's diagnostic testing included an x-ray and MRI of the right shoulder dated 02/24/2014, that was noted to shoulder tendinopathy with inflammation in the supraspinatus tendon and the bicipital sheath. A nerve conduction velocity test of the right upper extremity on 01/20/2014 was documented to show mild carpal tunnel syndrome and evidence of a right median mononeuropathy. A routine x-ray of the cervical spine was noted to reveal loss of lordosis, decreased height at C4-5 and C5-6, and a slightly decreased height at C6-7 with anterior osteophyte formation at C4 and C7. On 06/06/2014, the injured worker complained of intermittent, moderate pain in her neck that radiated to the right scapular/shoulder region that extended into the biceps. She also reported pain in the right elbow that was decreased after the cortisone injection. She reported intermittent moderate pain in the right thumb associated with numbness and tingling to the right thumb and ring finger. Upon physical examination, the injured worker was noted with decreased range of motion in the cervical spine with forward flexion limited at 40 degrees, extension at 40 degrees, right lateral flexion at 15 degrees, left lateral flexion at 25 degrees, and left rotation at 65 degrees. The sensation to light touch and pinprick was intact in the C3-T1 dermatomes bilaterally. The manual motor testing demonstrated no focal deficits in the C5-T1 myotomes. The right shoulder examination was noted to reveal some limited range of motion with forward flexion at 90 degrees, abduction at 95 degrees, and adduction at 35 degrees. Upon inspection of the right wrist/hand, the injured worker was noted with a positive Tinel's sign and reverse Phalen's test. The injured worker's

current medications included Atenolol 25 mg, Motrin 600 mg, Lopid, and Norco 5/325 mg. The request was for physical therapy 2 times per week times 4 weeks and an MRI of the cervical spine to better assess the root of her complaints. The request for authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 Times a Week for 4 Weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for physical therapy 2 times per week times 4 weeks is not medically necessary. The California MTUS Guidelines may recommend physical therapy based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance in functional activities with assistive devices. The treatment recommended is up to 10 visits over 8 weeks. The injured worker was noted to have attended 18 visits of physical therapy, and it was noted to have made her pain worse. The documentation did not provide sufficient evidence of significant objective functional improvement. In the absence of documentation with sufficient evidence of significant objective functional improvements and decrease in pain, the request is not supported. Additionally, the request for 8 more visits in addition to the 12 completed visits of physical therapy is excessive. Therefore, the request is not medically necessary.

MRI of the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for an MRI of the cervical spine is not medically necessary. The California MTUS/ACOEM Guidelines state that criteria for ordering an imaging study are: an emergence of a red flag, physiological evidence of a tissue insult or neurologic dysfunction, and failure to progress in conservative care to include physical therapy, home exercise, and medications. The injured worker was noted to have had 18 sessions of physical therapy with temporary relief of pain. Upon physical examination, the injured worker did not have

documented evidence of neurological deficits to the cervical spine. Although she was noted with a positive Spurling's test on the right, there was no decrease in sensation in the C3-T1 dermatomes bilaterally and no motor weakness in the C5-T1 myotomes. In the absence of documentation with sufficient evidence of significant objective neurological deficits and documented evidence of failed conservative care (to include physical therapy, home exercise, and medications), the request is not supported. Therefore, the request is not medically necessary.